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UNIVERSITY OF ALBERTA

SELF-DEFEATING BELIEFS OF BATTERED WOMEN

BY

KIM MAERTZ (C)

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

IN

COUNSELING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1990

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ISBN 0-315-64768-X

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DEGREE:	Doctor of Philosophy
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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

THE UNDERSIGNED CERTIFY THEY HAVE READ, AND RECOMMEND TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH FOR ACCEPTANCE, A THESIS ENTITLED SELF-DEFEATING BELIEFS OF BATTERED WOMEN SUBMITTED BY KIM MAERTZ IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN COUNSELLING PSYCHOLOGY.

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ABSTRACT

This study investigates several cognitive variables related to the psychological adjustment of battered women, with a primary focus on their self-defeating beliefs. The research consists of four separate, though interrelated parts. Part one, a general literature review, focuses on three primary areas: the incidence of wife abuse, causal theories of battering, and treatment programs for battered women. The second part involves an empirical study which surveyed a sample of battered women on four cognitive variables related to their psychological adjustment: beliefs, coping strategies, stress and self-esteem. These results suggest that battered women utilize significantly less effective coping strategies than the norm population, are significantly lower in self-esteem, but at the same time have fewer irrational beliefs as defined by Ellis (1973). As well, a significant negative correlation between self-esteem and irrational beliefs and a significant positive correlation between self-esteem and coping strategies was indicated. Part three of the research project was designed to identify the specific self-defeating beliefs of battered women. Through in-depth interviews with ten battered women, 114 potentially self-defeating statements were collected. These statements were then categorized into 14 major themes or underlying beliefs. To establish empirical evidence for the presence of these dysfunctional beliefs in this population, Part 4 involved administering an instrument to assess these beliefs in a sample of 100 battered women. This survey was constructed by developing five self-defeating statements from each of the themes revealed in the previous study, to yield a 70 item self-report instrument. The results of this assessment indicated that a high percentage of these women at one time adhered to many of these self-defeating beliefs. A significant negative correlation between the number of self-defeating beliefs held by these women and their self-esteem was also found.

ACKNOWLEDGEMENT

I am most grateful to a number of people who contributed to the successful completion of my dissertation. My deepest appreciation goes out to Dr. Peter Calder who has continually supported me throughout both my Master and Doctoral programs, and who has helped make my time in graduate studies a relatively painless process. I want to thank my examining committee: Dr. Len Stewin, Dr. Carolyn Yewchuk, Dr. Marilyn Assheton-Smith, and Dr. Lorna Cammaert for their encouragement and stimulating discussion in my final defense.

I would like to acknowledge, as well, the important role played by the twelve women's shelters across Alberta who participated in the study. Many thanks to the directors, shelter staff, and most importantly, those battered women who took the time and concern to involve themselves in this research.

Finally, I would like to express gratitude to my wife Carol who not only typed, proofread and corrected the many spelling mistakes in my dissertation, but who has put up with me throughout most of my eleven years of university.

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1. Introduction

Background to the Research

Although wife abuse was largely unrecognized as an issue in the sixties, feminist activists in the early seventies brought it into focus, and several studies (Gelles, 1974; Steinmetz, 1977; Walker, 1979; MacLeod, 1980; Straus, Gelles and Steinmetz, 1980; Straus and Gelles, 1986; MacLeod, 1987) have reinforced the view that it is a significant social problem which affects a large segment of the population. A Canadian study by MacLeod (1980) indicated that ten percent of Canadian women suffer from battering. Straus, Gelles and Steinmetz (1980) estimated that violence between intimate couples was occurring at rates as high as 50-60 percent. Recently MacLeod (1987) estimated that as many as one million women in Canada may be abused each year. Although studies in this area have been subject to both definitional and methodological problems, taken together, this research indicates a problem of great significance for our society.

Despite the growing body of evidence for the pervasive nature of wife abuse, until recently, relatively little psychological research had been done in the area. Early psychoanalytic writings which attributed wife battering to individual psychopathological factors, particularly masochism in females, were justifiably refuted. However, at the same time throughout the seventies, pursuing other individual factors as they related to the abuse was discouraged out of the fear that these may as well serve to blame the woman for the abuse. Although this is a very real concern, still this knowledge needs to be pursued if advances in the area of treatment are to be made. As the effects of both psychological and physical abuse of women are uncovered and common characteristics within this population are identified, this information will help serve to guide treatment development.

In the eighties, research into the characteristics of battered women has been carried out along a number of lines. Of particular relevance to the present research is literature which has focused on the self-esteem, coping skills, stress and beliefs of battered women.

Self-esteem has received considerable attention in the literature. The finding that battered women have generally low self-esteem seems to be fairly well-established by a number of reports

(Hilberman & Munson, 1977-78; Rounsaville, 1978; Star, Clark, Goetz and O'Malia, 1979; Walker, 1979; Bowen, 1982; Hartik, 1982; Pressman, 1984). Although this characteristic is consistently reported, little research has been done to establish the relationship between self-esteem and other variables, such as stress, coping strategies and beliefs. This variable is important because enhancing self-esteem constitutes one of the major thrusts of most treatment programs.

The fact that battered women experience a great deal of stress as a result of their abuse has been consistently reported (Gelles, 1980; Straus, 1980; Neidig & Friedman, 1984). However, how stress relates to other cognitive variables is much less clear and has had little empirical verification. As well, little effort has been directed toward determining the importance of stressors other than the abuse in the battering relationship (O'Brien, 1971; Hornung, McCullough and Sugimoto, 1981; Barling and Rosenbaum, 1986). A report by Finn (1985) was a preliminary attempt along these lines and served in part as a guide for the second part of the present project. Finn looked at the importance of ten potential stressors in a sample of battered women, and found that these women experience stress from a number of areas simultaneously above and beyond that produced by the abuse.

The coping strategies of battered women in dealing with the abuse and other stresses in their lives has recently been the focus of a rather diverse range of research. This work has investigated the process by which women choose their coping responses to the abuse (Pfouts, 1978), the stages that these women go through in coping with the abuse (Mills, 1985), and the extent to which coping deficits exist within the population (Finn, 1985). Several articles (Claerhout, Elder and Janes, 1982; Launius and Jensen, 1987; Morrison, Van Hasselt and Bellack, 1987) have also focused on the problem-solving skills of battered women. The study by Finn (1985) bears most directly on the present research. That study indicated that although battered women are under considerable stress, they are less likely than the general female population to utilize active problem-solving behaviors which would end the abuse. Instead, abused women are more likely to use "passive" coping strategies such as ignoring the problems or attributing them to factors beyond their control. These strategies were therefore the least likely

to alter their circumstances and the most likely to lead to additional stress. Part 2 of the present research project attempts to confirm and extend the findings of Finn.

Another body of literature which bears relevance to all parts of this project relates to the beliefs of battered women, in particular, those beliefs that may be considered irrational or self-defeating in nature. There has been no empirical investigation in this area to date. A number of descriptive reports (Hilberman and Munson, 1977-78; Follingstad, 1980; Ferraro, 1983; Ferraro and Johnson, 1983; Painter and Dutton, 1985; Pressman, 1987; Douglas and Strom, 1988) hint at the existence of a common set of beliefs within this population, which together may be described as self-defeating. However, the literature reviewed does not use a common terminology. Instead, reference is made to terms such as myths, rationalizations, and faulty or dysfunctional beliefs. Regardless of the terminology, these reports suggest that these ideas are unhealthy and in some way need to be changed. Before they can be changed, however, they need to be further delineated. This is the focus of Part 3 of this research project.

As well to date there has been no empirical investigation to confirm the existence, or establish the extent of these beliefs in the larger population of battered women. All the evidence that exists for these beliefs is based on descriptive reports. Empirical verification of these self-defeating cognitions would appear to be a highly desirable development at this time. Part 4 of this investigation attempts to do just this, assess the degree to which these kind of beliefs are present in a large sample of battered women.

A review of the literature indicates that three major perspectives have dominated the treatment literature: the feminist perspective (Ball and Wyman, 1977-78; Hartman, 1983; Pressman, 1984), the systemic approach (Bedrosian, 1982; Weltzman and Dreen, 1982; Cook and Frantz-Cook, 1984), and the cognitive-behavioral orientation (Taylor, 1984; Neidig, Friedman & Collins, 1985; Deschner, McNeil & Moore, 1986). Although certain features clearly distinguish these approaches, much overlap also exists and many programs in development today appear to mix goals and techniques from each of these approaches. As well, several other unique programs have recently developed which are certainly worthy of consideration (Weingourt, 1985; Whipple,

1985; Campbell, 1986; Turner and Shapiro, 1986; Ibrahim and Herr, 1987; Pressman, 1987). This literature suggests that battered women are being helped along a number of lines. One particularly productive area, which has received little real consideration to date however, relates to the importance of making changes in the cognitive system of battered women. This could involve both enhancing the cognitive coping skills of battered women and/or challenging the belief system of these women. A few programs (Taylor, 1984; Neidig, Friedman and Collins, 1985; Deschner, McNeil and Moore, 1986) have put some emphasis on the acquisition of more effective problem-solving skills, however, the extent to which value is placed on cognitive realignment is unclear in these program descriptions. Follingstad (1980) feels that before any real behavioral changes can occur, battered women need to change some of the many possible "faulty" beliefs they hold. This includes ideas like "there are no alternatives to my relationship", "I provoke the abuse", and "I am incapable of making changes in my life". Some of these same beliefs are challenged within feminist therapy, however, there is a growing body of literature in the cognitive-behavioral area which would serve to enhance this process. Psychological techniques, particularly those utilized by Ellis (Ellis, 1973; Ellis and Whiteley, 1979) and Beck (Beck, 1976; Beck, Rush, Shaw and Emery, 1979), would be applicable to tackling these self-defeating beliefs in the most efficient way possible.

To be able to challenge these beliefs in treatment, however, the therapist must be able to identify them. During the process of long-term therapy, no doubt many of these beliefs would be revealed. However, a much more time effective procedure, particularly beneficial in group work, would be the use of an inventory which assesses these beliefs. To date, an instrument which would help uncover possible dysfunctional beliefs of women in this population does not exist. A biproduct of Part 4 of this investigation is the development of an instrument which could be used to identify which self-defeating beliefs individual women hold, and thereby serve as a guide for treatment programs which include as one of their goals challenging this belief system.

Purpose of the Study

This research project has four separate though interrelated parts, each attempting to meet a distinct set of objectives.

The first part consists of a literature review, the objective of which was to present and critically analyze literature in three primary areas: the incidence of wife abuse, causal theories of battering and treatment programs available to battered women.

Part 2 of the project consists of a study designed to survey a sample of battered women to determine: (a) if they lack coping strategies which may be helpful in dealing with their abusive situation, (b) the degree to which they hold irrational or self-defeating beliefs, (c) to what extent they are suffering from low self-esteem, (d) the nature and level of stress they experience in their relationship with their partners, and (e) the extent to which a relationship exists between the above variables.

Part three of the research involved interviews with ten battered women with the primary objective of uncovering those beliefs that might be considered self-defeating in relation to their abusive relationship.

The objectives of the fourth part of the project were twofold. The first objective was to use an empirical methodology to confirm the existence and establish the extent of the previously identified beliefs (i.e., Part 3) in a larger sample of battered women. This involved administering a survey of potentially self-defeating statements to these women, which were derived from the interviews. The second objective was to create a preliminary, although clinically useful, instrument which could be used to assess the potentially self-defeating beliefs of women who have been in an abusive relationship.

Dissertation Structure

The dissertation is in a paper format and has the following structure. The present chapter (i.e., Chapter 1) serves as an introduction to the nature of the problem studied and provides an outline of the objectives of the research. Chapters 2 to 5 present articles derived from Parts 1 to 4 of the research project. Finally, in Chapter 6, a summary and discussion of the major aspects of the overall research project is presented.

References

Ball, P. G., & Wyman, E. (1978). Battered wives and powerlessness: What can counselors do? Victimology, 2, 545-552.

Barling, J., & Rosenbaum, A. (1986). Work stressors and wife abuse. Journal of Applied Psychology, 71, 346-348.

Beck, A. T. (1976). Cognitive therapy and the emotional disorders. New York: International Universities Press.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). Cognitive therapy of depression. New York: Guilford Press.

Bedrosian, R. C. (1982). Using cognitive and systems intervention in the treatment of marital violence. Family Therapy Collections, 3, 117-138.

Bowen, N. H. (1982). Guidelines for career counseling with abused women. The Vocational Guidance Quarterly, 31, 123-127.

Campbell, J. (1986). A survivor group for battered women. Advances in Nursing Sciences, 8, 13-20.

Claerhout, S., Elder, J., & Janes, C. (1982). Problem-solving skills of rural battered women. American Journal of Community Psychology, 10, 605-612.

Cook, D. R., & Frantz-Cook, A. (1984). A systemic treatment approach to wife battering. Journal of Marital and Family Therapy, 10, 83-93.

Deschner, J. P., McNeil, J. S., & Moore, M. G. (1986). A treatment model for batterers. Social Casework, 67, 55-60.

Douglas, M. A., & Strom, J. (1988). Cognitive therapy with battered women. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 6, 33-49.

Ellis, A. T. (1973). Humanistic psychotherapy: The rational emotive approach. New York: Guilford Press.

Ellis, A. T., & Whiteley, J. M. (1979). Theoretical and empirical foundations of rational emotive therapy. Monterey, CA: Brooks/Cole.

Ferraro, K. J. (1983). Rationalizing violence: How battered women stay. Victimology, 8, 203-212.

Ferraro, K. J., & Johnson, J. M. (1983). How women experience battering: The process of victimization. Social Problems, 30, 325-339.

Finn, J. (1985). The stresses and coping behavior of battered women. Social Casework: The Journal of Contemporary Social Work, 66, 341-349.

Follingstad, D. R. (1980). A reconceptualization of issues in the treatment of abused women: A case study. Psychotherapy: Theory, Research and Practice, 17, 294-303.

Gelles, R. J. (1974). The violent home. CA: Sage.

Gelles, R. J. (1980). Violence in the family: A review of research in the seventies. Journal of Marriage and the Family, 42, 873-885.

Hartik, L. M. (1982). Identification of personality characteristics and self-concept factors of battered wives. Palo Alto, CA: R and E Research Associates.

Hartman, S. (1983). A self-help group for women in abusive relationships. Social Work with Groups, 6, 133-145.

Hilberman, E. , & Munson, K. (1977-78). Sixty Battered Women. Victimology: An International Journal, 2, 460-470.

Hornung, C. A., McCullough, B. C. , & Sugimoto, T. (1981). Status relationships in marriage: Risk factors in spouse abuse. Journal of Marriage and the Family, 43, 675-692.

Ibrahim, F. A., & Herr, E. L. (1987). Battered women: A developmental life-career counseling perspective. Journal of Counseling and Development, 65, 244-248.

Launius, M. H., & Jensen, B. L. (1987). Interpersonal problem-solving skills in battered, counseling, and control women. Journal of Family Violence, 2, 151-162.

MacLeod, L. (1980). Wife battering in Canada: The vicious cycle. Hull, Que: Minister of Supply and Services, Canada.

MacLeod, L. (1987). Battered but not beaten...: Preventing wife battering in Canada. Ottawa, Ontario: Canadian Advisory Council on the Status of Woman.

Mills, T. (1985). The assault on the self: Stages in coping with battering husbands. Qualitative Sociology, 8, 103-123.

Morrison, R. L., Van Hasselt, V. B., & Bellack, A. S. (1987). Assessment of assertion and problem-solving skills in wife abusers and their spouses. Journal of Family Violence, 2, 227-238.

Neidig, P. H., & Friedman, D. H. (1984). Spouse abuse: A treatment program for couples. Champaign, IL: Research Press.

Neidig, P. H., Friedman, D. H., & Collins, B. S. (1986). Attitudinal characteristics of males who have engaged in spouse abuse. Journal of Family Violence, 1, 223-233.

O'Brien, J. E. (1971). Violence in divorce prone families. Journal of Marriage and the Family, 33, 692-698.

Painter, S. L., & Dutton, D. (1985). Patterns of emotional bonding in battered women: Traumatic bonding. International Journal of Women's Studies, 8, 363-375.

Pfouts, J. H. (1978). Violent families: Coping responses of abused wives. Child Welfare, 57, 101-111.

Pressman, B. (1984). Family violence: Origins and treatment. Guelph, Ont: Canadian Cataloging in Publication Data.

Pressman, B. (1987). The place of family-of-origin therapy in the treatment of wife abuse. Family Therapy Collections, 21, 45-56.

Rounsaville, B. J. (1978). Theories in marital violence: Evidence from a study of battered women. Victimology, 3, 11-31.

Star, B., Clark, C. G., Goetz, K. M. , & O'Malia , L. (1979). Psychosocial aspects of wife battering. Social Casework, 60, 479-487.

Steinmetz, S. K. (1977). The cycle of violence: Assertive, aggressive and abusive family interaction. New York: Praeger.

Straus, M. A. (1980). Victims and aggressors in marital violence. American Behavioral Scientist, 23, 681-704.

Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975-1985 as revealed by two national surveys. Journal of Marriage and the Family, 48, 465-479.

Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind closed doors: Violence in the American family. Garden City, NY: Anchor/Doubleday.

Taylor, J. W. (1984). Structured conjoint therapy for spouse abuse cases. Social Casework, 65, 11-18.

Turner, S. F., & Shapiro, C. H. (1986). Battered women: Mourning the death of a relationship. Social Work, 31, 372-376.

Walker, L. E. (1979). The battered woman. New York: Harper and Row.

Weingourt, R. (1985). Never to be alone: Existential therapy with battered women. Journal of Psychosocial Nursing, 23, 24-29.

Weitzman, J., & Dreen, K. (1982). Wife beating: A view of the marital dyad. Social Casework, 63, 259-265.

Whipple, V. (1985). The use of reality therapy with battered women in domestic violence shelters. Journal of Reality Therapy, 5, 22-27.

2. LITERATURE REVIEW-BATTERED WOMEN

The following paper will review literature related to three primary areas: the incidence of wife abuse, causal theories of battering, and treatment programs available to abused women. Literature relevant to the research project will be emphasized.

Incidence

Although the prevailing attitude in the sixties was that wife abuse was rare, research in the seventies and eighties has provided evidence that a significant proportion of the population is affected. These estimates have tended to vary widely however, because of both methodological and definitional problems.

Probably the most cited research effort to establish an estimate of the incidence of wife abuse is the work of Straus, Gelles and Steinmetz (1980). These authors surveyed a nationally representative sample of 2,143 couples using an instrument called the Conflict Tactics Scales (CTS). These scales provide information on how family members deal with conflicts, including their use of physical violence, ranging from throwing objects at one another to using a knife or gun. Results of this survey indicated that 28 percent of the couples admitted to being violent toward one another during the course of their marriage. Sixteen percent of these reported at least one violent incident in the year of the study (i.e., 1975-76). Since these figures indicate either husband-to-wife or wife-to-husband violence, they can be somewhat misleading, however. Statistics for only husband-to-wife violence indicated a rate of 12.1 percent for the year of the survey with 3.8 percent of the women in the sample experiencing severe violence (i.e., kicked, bit, punched, hit with an object, beat up, and threatened with a knife). Also reported by these authors are statistics on wife-to-husband violence. The rate of overall violence here was 11.6 percent with 4.6 percent experiencing severe violence. These latter statistics have been particularly controversial in that they can be easily misunderstood and could thus serve to justify male violence. Some authors (Macoby and Jacklin, 1974; Tauris and Offir, 1977; Greenblat, 1983) have pointed out that this kind of data does not take into account the greater average size and strength of men and thus, differences between the sexes in their potential to do injury. As

well, it fails to convey the fact that much of the violence of women toward their husbands is out of self-defense or in retaliation (Jones, 1980; Saunders, 1986; Pleck, Pleck, Grossman and Bart, 1987)

Straus (1977-78) reports that although these overall rates of couple violence may appear high, they are still probably an underestimate of the true incidence of abuse in the American family. He listed three reasons why these figures may be an underestimate of the true rates. First, he feels that for a segment of the population, violence is so entrenched in their way of life, actions such as slaps or pushes may not be considered noteworthy enough to be remembered. Second, for those individuals who have experienced severe violence, there is likely a reluctance to report these events because of shame on the female's part and guilt on the male's part. Third, since the sample consisted of only couples who were living together at the time of the survey, it probably omitted the more violent families who were separated or divorced. As a result of these considerations and other informal evidence, Straus feels that the true incidence rate of violence between couples is actually as high as 50 to 60 percent.

In an attempt to establish whether rates of spouse abuse had changed over the ten-year period from 1975 to 1985, Straus and Gelles (1986) undertook a second national survey which attempted to replicate their earlier work. This survey, consisting of 3,520 couples, found first little change in the overall violence between couples over the 10 years, with a rate of 15.8 percent compared to the 16 percent figure of 1975. In regard to husband-to-wife violence, however, the overall violence rate was found to decrease from 12.1 percent to 11.3 percent, with a drop in severe violence from 3.8 percent to 3.0 percent. Although neither of these changes were significant, Straus and Gelles state that in real terms, this 27 percent drop in severe violence represents 432,000 fewer women beaten, which is considered an important reduction. These authors offer a discussion of several possible factors which may have affected the observed patterns. First, they acknowledge that methodological differences between the two surveys may have had some effect. For example, the 1975 data were collected through in-person interviews while the 1985 survey was carried on over the telephone. However, Straus and Gelles feel that if

anything, this would increase the reported rates rather than lower them because the anonymity provided by the telephone survey should lead to greater candor. Second, they feel these results may reflect greater reluctance to report abuse because of changes in public acceptance of such behavior. Third, they feel that these statistics may be reflecting a real decline in the occurrence of wife abuse, and further offer five categories of changes in society that may have contributed to this decline. These include: more equalitarian family structures with less stress in the family, less economic stress, more alternatives (i.e., shelters) available to women, new and innovative treatment and prevention programs, and changes in policing and judicial policies which have increased the likelihood of legal sanctions against offenders and have thus had a deterrent effect.

In addition to these two major research efforts, several other less reliable estimates of the incidence of wife abuse have been made. Based on interviews with 80 families, Gelles (1974) found that spouses used physical force on each other at least once for 54 percent of the couples investigated. Employing a random sampling of couples in Delaware, Steinmetz (1977) found that 60 percent of the couples studied engaged in at least one violent exchange during their marriage. Walker (1979) estimated a rate of violence of 50 percent based on interview data. A Canadian study (MacLeod, 1980) indicated that wife abuse was suffered by one out of ten Canadian women.

More recently, MacLeod (1987) estimated that as many as one million women in Canada may be battered each year. This figure was derived from various statistics and probability estimates, which will be briefly summarized. In 1985, of the 110 shelters that were able to provide statistics, 15,730 women were admitted explicitly for physical, psychological or sexual abuse by their partners. If these figures are then extrapolated with the assumption that the rates were similar for all of the 230 shelters which were open to battered women at that time, an estimated 33,000 women were accommodated in the shelters. Since on the average, these shelters in turn have to turn away one out of every two women for lack of space, it is estimated by MacLeod that 66,000 women requested shelter because they were battered. Then, working from an Ontario study which found that only 11 percent of the battered women who sought help utilized a shelter,

an estimated 600,000 battered women actually sought some form of outside help. Finally, MacLeod (1987) writes:

> . . . if we "guesstimate" that two out of three women report their battering to some official agency - a very conservative estimate according to front-line workers interviewed - this would mean that almost one million women in Canada may be battered each year. (p. 7)

Overall, these statistics indeed convey the severity of wife abuse as a problem in our North American culture. Unfortunately, some of the methodological problems already discussed suggest that it is wise to be careful in quoting any of these statistics as an accurate estimate of the "true" rate of wife battering.

Definitional Issues

One of the major difficulties in estimating the incidence of wife abuse is "the variable and frequently imprecise definitions used" (Gelles, 1985, p. 1). Little consensus exists among researchers, practitioners, or within the legal realm as to what constitutes wife abuse or wife battering. Many definitions of wife abuse refer to physical violence directed toward women by their spouses. However, the level of violence, nature of acts and extent of injury incurred are open to debate. Gayford (1983) defines the term 'battered wife' as referring to " a woman who has been subjected to severe, repeated, deliberate, and demonstrable physical injury from her marital partner" (p. 124). Straus and Gelles (1986) define violence "as an act carried out with the intention, or perceived intention, of causing physical pain or injury to another person" (p. 467). Out of this definition, these authors operationally define "wife beating" as consisting of one or more possible violent acts that are seen as having a relatively high probability of causing injury. This includes being kicked, bit, punched, hit with an object, beat up, threatened with a knife or gun, or injured with a knife or gun.

Other definitions have included not just elements of physical abuse but have been expanded to include psychological and sexual abuse. For example, Walker (1979) uses the following definition:

> A battered woman is a woman who is repeatedly subjected to any forceful physical or psychological behavior by a man in order to coerce her to do something he wants her to do without any concern for her rights. Battered women include wives or women in any form of intimate relationship with men. Furthermore, in order to be classified as a battered women, the couple must go through the battering cycle at least twice. (p. 15)

More recently, as research has developed which has investigated violence toward husbands by their wives, even greater controversy regarding definitions has emerged. New terms such as domestic violence (Cantoni, 1981), spouse abuse, violent couples (Weitzman and Dreen, 1982; Weidman, 1986), conjugal violence (Coleman, 1980) and couples abuse have arisen to refer to reciprocal violence between partners. However, authors such as Dobash and Dobash (1979) have argued that this trend is misleading in that it alters the proper focus, since by far the most common victims of violence in the family are women.

Even this small sampling of the range of definitions in the literature explains how definitional issues are such an important consideration in studies of incidence rates. More inclusive definitions such as those of Walker (1979) inflate statistics regarding the prevalence of wife abuse, while more restrictive definitions, such as that of Gayford (1983) serve to shrink these rates. Even still, many of these definitions are not operationally defined, so that they are open to interpretation, making statistics derived from them highly questionable. The operational definition used by Straus, Gelles and Steinmetz (1980) is an important step in the right direction.

For the purposes of this investigation, wife abuse and wife battering are used interchangeably and are meant to refer to acts perpetrated by the male to intentionally cause physical and/or serious psychological harm to his female partner.

Causes of Wife Battering

To date, the literature on the causes of wife abuse has begun to accumulate with a very diverse range of theoretical positions developing. This diversity is probably foremost a reflection of the great complexity of the problem. Literature relating to these proposed causal factors and theories will be presented here. This will include a discussion of psychosocial factors, stress

theory, social learning theory, the feminist perspective, systems theory, and ecologically nested theory. Emphasis will be placed on revealing those psychosocial factors which are most relevant to the present research project.

Psychosocial Factors

The following psychosocial factors explain violence toward the female member of the couple in terms of qualities of the individual members in the relationship. Each of the characteristics described is thought to either cause or contribute to the abuse. Both characteristics of the male and female members of the couple have received attention in the literature, and these will be reviewed separately.

Characteristics of the Male Batterer

In this section of the paper, literature will be presented on the psychosocial characteristics of the male spouse abuser, to determine to what extent common characteristics exist within this population, and to see how these may contribute to the abuse. First, literature relating to various proposed characteristics of the male batterer will be reviewed in some detail and then a composite profile will be drawn. Research suggesting that abusers are not adequately described by this common profile will also be presented.

The following areas have received attention in the research on the characteristics of abusive males.

Self-esteem. Saunders (1984) writes: "If men who batter have a common trait, it is probably low self-esteem." (p. 348) A number of reports (Walker, 1979; Coleman, 1980; Saunders, 1984; Barnes, 1985) characterize the male batterer as having a poor self-concept. A few research endeavors have attempted to establish this relationship on an empirical basis. One of these reports by Neidig, Friedman and Collins (1986) administered the Coopersmith Self-Esteem Inventory to two experimental groups reporting different degrees of wife abuse and three control groups who were matched with the experimental group on several demographic variables but who did not have a history of wife assault. Results indicated that statistically significant differences

existed between experimental group I and control group I, with the abusive males reporting significantly lower self-esteem.

Additional empirical research into the self-esteem of battering males is provided by Goldstein and Rosenbaum (1985). Among other instruments, these authors administered the Rosenberg Self-esteem Scale and the Spouse Interaction Test to 20 abusive husbands, 20 satisfactorily married husbands and 18 maritally discordant, nonabusive husbands. Findings indicated that not only did the abusive group of males display significantly lower self-esteem but also the Spouse Interaction Test indicated that abusive husbands perceived significantly more situations as self-esteem damaging. Goldstein and Rosenbaum state:

> The results of the present study are supportive of a model which suggest that the probability of violence is increased when an individual with low self-esteem perceives that his self-esteem is being threatened. Regardless of whether the abuse was a cause or effect of low self-esteem, once that esteem is damaged, it may become an etiological factor in future abuse incidents. (p. 428)

Sex-role identity. It has been suggested by some authors (Saunders, 1984; Barnes, 1985) that abusive males have established a rigid sex-role identification which personifies the macho image of males. Abusive behavior is thus considered by these males to be an acceptable means of maintaining their power position within the family.

Not all research appears to confirm this rigid characterization, however. Gondolf (1985), based on clinical observations of approximately 200 males participating in a voluntary abuse program, suggests that although some batterers may be hyper-masculine, there is a more pervasive characterization to consider. Gondolf's observations reveal that these men carry from childhood a rigid sense of control, due to severe discipline and abuse. This control element is felt to manifest in three ways. First, the batterer has an excessive compulsion to regulate both his own behavior and feelings. Thus, batterers are so "in control" but also so detached from their emotions that they are oblivious to their mounting rage until it is too late. A second element of control is the batterers' overbearing sense of responsibility for others. They feel accountable for

their family's well-being and status and at the same time, feel that the behavior, attitudes and appearance of their children, wives, relatives and friends reflect on them. Thus, in order to protect their reputations, they try to control all those around them in the same rigid manner they control themselves. A final manifestation of control is the male's expectation that he deserves special privileges for maintaining control and order in the family. Thus, if he is to use what might be considered by some to be excessive force in the family, it should be excused because of the difficult role he has to bear.

A more empirical study by Neidig et al. (1986), previously described in part, is more directly contradictory to the rigid masculine sex-role stereotype of the batterer. In addition to the work done on self-esteem, these authors employed the Dogmatism Scale and the Revised Authoritarianism Scale on their sample. The Dogmatism Scale is described as measuring "a cognitive approach which is characterized by strongly held beliefs, pessimism, concern for power, and a belief in absolute authority" (p. 227). The Revised Authoritarianism Index was used to assess the following factors: punitiveness, traditional values, rigidity, and a belief in the use of physical force. Results indicated that no significant differences existed between the abusive experimental groups and non-abusive control groups. One limitation of this study, however, would seem to be the population on which the research was carried out. All subjects were service men on U.S. Army bases, which it could be argued, are more authoritarian as a sample to begin with. Thus, differences between abusive and non-abusive groups are less likely to be found.

A final article bearing relevance to the present discussion of sex-role identity by Rosenbaum (1986) also contradicts the stereotype of the batterer as a super masculine male. This study compared the sex-role identification of abusive husbands to both discordant and satisfied nonviolent husbands, using the Personal Attributes Questionnaire (PAQ). The PAQ yields three scale scores: Masculinity (M), Femininity (F) and Masculinity-Femininity (MF). The findings indicated that while satisfactorily married husbands showed high scores on both the femininity and masculinity scales and therefore, were described as androgynous, abusive males scored low on both of these scales and were therefore labeled undifferentiated.

From these reports, it is clear that more research is necessary before firm statements can be made about the sex-role identity of abusive males.

Psychopathology. Another area that has received attention in the literature relates to the extent that batterers are found to be suffering from some form of mental illness. These reports appear to be quite varied in their findings.

Saunders (1984) suggests that "mental illness does not generally appear to be a factor in wife abuse" (p. 348). He feels instead that symptoms such as delusional jealousy, paranoia and severe depression, rather than being signs of a mental disorder, develop out of the men's fears of losing their wives. Likewise, Straus, Gelles and Steinmetz (1980) report that spouse abuse is not unique to any particular identifiable mental illness. Brennan (1985), in surveying the literature on the psychopathological and personality characteristics of wife batterers, found reports indicating wife abuse related to several psychiatric disorders. This included psychosis, including paranoid schizophrenia, episodic dyscontrol syndrome, and a variety of personality disorders (i.e., antisocial, passive-aggressive, obsessive-compulsive, explosive and sadistic). The diversity of this list, Brennan feels, reinforces the view that there is no one syndrome which is consistently associated with wife battering.

Empirical evidence for the extent of psychiatric illness in the population of male batterers comes from several reports. Based on interviews with wives, Rounsaville (1978) found that in his sample of 31 women, 19 percent of their partners had a prolonged history of psychiatric contact and 32 percent reported some history. Of these, 13 percent were actually hospitalized for psychiatric reasons. Relying on the self-report of 33 men who had been involved in conjugal violence and who were seeking psychiatric assistance for this problem at the time of the study, Coleman (1980) reported that 24 percent of the men had a psychiatric history with half of these having been hospitalized previously. A large scale study by Bland and Orn (1986) recently tried to establish a relationship between family violence in general and psychiatric disorder. Based on a random sample of 1200 non-institutionalized residents of Edmonton, these authors used the Diagnostic Interview Schedule to help establish DSM III diagnoses for the sample. For the

purposes of their study, only three diagnoses were made: antisocial personality disorder, major depression and alcohol abuse and/or dependence. Information related to domestic violence was also obtained. These results indicated that for males with any of the above diagnoses, 36.2 percent were also found to be violent. These authors conclude that "these data suggest that psychiatric disorders have a strong relationship to violent behavior, and are not in agreement with the predominantly sociological explanations of family violence " (p. 129). Unfortunately, this study focused only on these three diagnostic categories and because it discusses family violence in general (i.e.., includes child abuse and child neglect), it has somewhat limited relevance to the present discussion.

One final study of relevance to this discussion by Bernard and Bernard (1984) collected MMPI profiles from 46 men requesting help through a domestic violence treatment program. These authors established what they call a "mean MMPI profile" for the group. Their interpretation of the profile indicates that it:

> reflects a male who is angry and irritable, erratic and unpredictable, and who has problems with impulse control leading to asocial acting out. Such individuals tend to be distrustful of others, isolated and to feel insecure and alienated. In fact, this profile may be seen as indicating a severely alienated person with a character disorder. (Bernard and Bernard, 1984, p. 545)

Bernard and Bernard feel that this profile accurately depicts what they have experienced on a clinical level. They suggest that these men have a Dr. Jekyll and Mr. Hyde personality. On initial contact they seem socially and interpersonally skilled, but sooner or later, the facade begins to break down to reveal a pattern of underlying characteristics, including feelings of intense social and personal inadequacy, strong dependency needs, denial and minimization of their violence, lack of trust, extreme jealousy, and difficulties expressing anger such that they would tend to alternate between passivity and explosive aggression. Although the work of Bernard and Bernard appears revealing, one could certainly question the validity of combining MMPI profiles to give a mean profile. No information about the validity of this procedure was provided by the authors.

Alcohol and drug abuse. The association between alcohol and to a lesser extent drug abuse and battering seems to be one of the more consistently documented findings in the literature. Gelles (1974) found alcohol consumption a problem in 48 percent of the violent incidents that he studied. In a study by Rounsaville (1978) which has been previously discussed, women reported alcoholism a problem with 45 percent of their partners and drug abuse prevalent in 35 percent of the cases. Fitch and Papantonio (1983), after collecting information on 188 men who had been physically abusive to their mates, found that 59 percent abused alcohol and 18 percent were drug abusers.

Several other studies have used comparison groups to further establish this relationship between alcohol and wife battering. Coleman (1980) compared 30 couples reporting conjugal violence within the previous 18 months to 30 couples reporting no history of conjugal violence on a variety of sociodemographic and background characteristics. A positive relationship between alcohol and conjugal violence was confirmed with both husbands and wives in the abusive group reporting significantly more alcohol use than the nonviolent husbands and wives. In doing a discriminate function analysis to determine the best predictors of conjugal violence, alcohol use was second only to a background of family violence as a significant factor in the eruption of conjugal violence.

Further evidence of this relationship is provided in an article by Telch and Lindquist (1984). These authors utilized three groups: violent marital, nonviolent distressed and nonviolent satisfied couples. A battery of standardized and non-standardized research questionnaires was administered to the couples, including an alcoholism survey. Confirming previous findings, it was found that violent couples reported significantly greater drinking problems than either of the control groups.

In a slightly more sophisticated analysis, Eberle (1982) attempted to investigate the differences between batterers who abused alcohol and those who used no alcohol. Discriminant analysis using a number of variables showed significant differences between the alcohol abusers and non-users. Batterers who abused alcohol were likely to be older, more physically violent,

more likely to be physically violent toward children and of lower socio-economic status than the no alcohol group.

Van Hasselt, Morrison and Bellack (1985), using the Michigan Alcoholism Screening Test (MAST), assessed alcohol use by both the male's self-report and his wife's report of his drinking. Three groups were compared with males of physically abusive couples showing significantly higher scores on the MAST than either maritally discordant but nonviolent couples or satisfactorily married couples.

Although the evidence presented seems to establish a relationship between alcohol and/or drug use and wife abuse, still none of the studies presented are able to determine the direction of this relationship. Coleman (1980) has suggested that alcohol use, rather than acting to disinhibit aggression physiologically as is commonly believed, is related to wife abuse because it provides an acceptable excuse for the batterer's behavior. Other researchers have claimed that the correlation between alcohol use and violence may be spurious and speculate that the drinking rates among batterers may be no higher than for other groups who have to cope with an equally high level of stress. Ponzetti, Cate & Koval (1982) suggest that in light of the existing evidence, helping the batterer "stop his use of alcohol or drugs will not necessarily directly affect his continued use of violence" (p. 223).

Assertiveness. The abusive male's assertive skills are another area that has received some research interest. Poorly developed assertive skills are considered characteristic of the batterer (Ponzetti, Cate & Koval, 1982; Saunders, 1984). Empirical evidence for this relationship comes from two reports.

The first of these, a well-cited study by Rosenbaum & O'Leary (1981), compared the assertive skills of groups of couples who were violent, nonviolent but maritally discordant and nonviolent and satisfactorily married. This study was the first of its kind to use a group of nonviolent couples in marital discord so that it could assess whether any differences found between abusive couples and satisfactorily married couples were a function of the wife abuse rather than the marital discord. Two measures of assertion were used, one for spouse-specific

assertion and one for overall assertion. On the measure of spouse-specific assertion, the results indicated that abusive husbands were significantly less assertive with their wives than either of the control groups. On the general measure of assertion, the abusive husbands were significantly less assertive than the satisfactorily married husbands and although less assertive than the discordant males, this difference did not reach significance.

A study by Telch and Lindquist (1984) used a similar group design. The measure of assertion they utilized assessed three dimensions: assertiveness, passivity, and aggressiveness. Results indicated that the abusive group of males reported significantly more aggressive and passive behaviors and less assertive behaviors than the nonviolent satisfied couples, and were significantly more aggressive than the nonviolent discordant couples.

Ponzetti, Cate and Koval (1982) feel that this lack of assertiveness may be the result of two related factors. First, because these males tend to hold traditional sex-role attitudes which condone aggressive behavior, they are likely to use violence rather than verbal assertion to enhance their own masculine self-image. Second, because many of these males grew up in situations where physical aggression was rewarded, they simply never learned these assertive skills.

Other characteristics. There are a number of other characteristics attributed to the male batterer worth discussion, however, to date these have received little if any empirical investigation. In this section, some of these characteristics will be discussed, but the reader should keep in mind the fact that this information may be less reliable than that presented to this point, since it is based largely on anecdotal reports and clinical perceptions.

Wetzel and Ross (1983), based on their experience working with female victims of domestic violence, found that these women repeatedly reported certain traits found in the men by whom they were battered. One of the traits discussed is extreme jealousy on the part of the male batterer. These men are reported to routinely accuse their partners of having other sexual relationships, and use the slightest evidence to spark their imaginations. In the article by Rounsaville (1978) discussed earlier, it was found that 72 percent of the women in his sample

rated their husbands as very possessive. Jealousy was also cited by this group as the most frequently mentioned topic which lead to violent arguments. Projection was another commonly reported trait in these men. The batterer is seen as blaming both other people and external life events for his own behavior. By projecting his own faults on his wife and by believing that she provoked the violence, he is able to perpetuate his own blameless state and continue the violence. A closely related trait reported by Wetzel and Ross is denial. Among other things, these males are seen as masters at denying the severity of the abuse they inflict and their responsibility in the abusive event. These authors report that "sometimes awareness of his own behavior is so totally repressed that he will notice his partner's injury that he inflicted the previous evening and ask, 'What happened to you?'" (p. 424) Thus, one of the most crucial aspects of treatment becomes helping these men come in touch with their own violence and take responsibility for it.

Ponzetti, Cate and Koval (1982) discuss several other characteristics of batterers that they feel enhance the likelihood that they will resort to violence. A number of these have been discussed to some extent already so discussion will focus only on two of these. Although it is generally accepted in our society that males have more difficulties expressing their emotions than women, the abusive male is seen to have a particularly hard time in this area. As well, these males have a very difficult time identifying their emotions when they do occur and may confuse such things as anxiety with anger. Society is seen to reinforce this "strong and silent" image and when it is ineffective in maintaining the male's authority, then physical violence is often the only recourse. Another characteristic discussed by Ponzetti, Cate & Koval is the great emotional dependency these males have on their intimate partners. This dependence is best exhibited in their intense feelings of jealousy and possessiveness. Thus, when there is any indication that their partners may leave them, they resort to violence as a means of keeping them in the relationship.

One other characteristic that has been ascribed to the batterer by Barnes (1985) is a great fear of change. Anything that requires change, such as a move, a new job, or his wife's pregnancy, may lead the husband to react with violence.

Profile of the male batterer. In light of the research that has been reviewed on the characteristics of males who batter, the question arises: Can a composite profile be drawn? Or more importantly, if it is drawn, is it valid? For the purposes of providing a summary of the data presented, a profile will be formulated. However, the validity of this profile is still open to continued empirical investigation. Evidence will be presented in the next section which suggests that a single profile oversimplifies the nature of the batterer.

The literature reviewed to this point presents the following picture of the male batterer. First, it is probably a safe bet to assume that the battering male is suffering from low self-esteem. Less clear, however, is his sex-role identity, with some evidence indicating a rigid masculine sex-role identity and other data contradicting this. The batterer has not been found to be suffering from any one particular psychiatric illness, instead, a variety of disorders are found in the population. Alcohol and/or drug abuse are a problem for a significant portion of these men. However, the role they play in the abuse is still a matter of speculation. Evidence to date suggests that batterers tend to be lacking in assertive communication skills and thus, use violence to achieve a desired effect. Other traits that the literature suggests but have received little empirical validation include extreme jealousy and possessiveness, the use of projection and denial to avoid responsibility for their abuse, poor impulse control, emotional inexpressiveness, a strong emotional dependence on their partners, great fear of intimacy and change, and a tendency to be socially isolated. Batterers are also reported to come from all socio-economic levels, racial groups and occupational categories (Watts and Courtois, 1981).

Sub-types of batterers. Although the bulk of the research today has attempted to treat batterers as a homogeneous group and thereby find those traits which characterize them, a few reports indicate that this is an oversimplification. Instead, there is evidence to indicate that it may be more useful to look for sub-populations of batterers, unique in regard to certain important characteristics, who by implication, need to be treated differently.

One of these reports by Elbow (1977) classified abusers into four syndromes based on their distinct emotional needs. The first of these syndromes, described as the "controller", has a

basic need for autonomy--the male controls himself by controlling others. His basic anxiety is losing control, and when he feels he can no longer dominate others, he reacts with violence. The second syndrome, the "defender", has a basic emotional need for protection. His basic anxiety is that of being harmed. He keeps his wife powerless so that he will not be vulnerable to attack, and the more that she depends on him, the stronger he feels. The "approval seeker" is the third syndrome delineated by Elbow. The approval seeker has a self-image that must continually be reaffirmed by others. Incidents of abuse are related to his feelings about himself. When his self-esteem is low, he expects rejection and will behave in a way which may precipitate rejecting reactions. Finally, the "incorporator" has little if any sense of who he is and therefore, has the need to incorporate the strengths of another to experience himself as a whole. He therefore lives in a state of desperation which manifests as clinging to his mate, public displays of anger, and suicidal thoughts.

A second attempt to delineate subtypes within the male population of batterers is presented in an article by Bern (1985). This author administered the Conflict Tactics Scale (to assess past violence toward an intimate) and the Rotter Internal-External Locus of Control Scale to 30 prisoners of a state correctional facility. He interpreted his results as suggesting that there are at least two sub-groups of men who are violent towards women with whom they are intimately involved. The first group who had been imprisoned for violent criminal behavior is thought to see violence as a legitimate means of problem-solving. Violence is seen as an acceptable behavior to be used routinely both inside and outside the family. The other subgroup, represented by those criminals incarcerated for non-violent behaviors, turns to violence against intimates only as a final resort or out of frustration. These men are seen to feel inadequate and to have little control over their world, and thus, use aggression in an attempt to exert some control in their lives. Due to the small sample size used in this study, Bern's interpretations go beyond the data however,and therefore, need to be replicated with different samples and with a larger number of subjects.

What this literature indicates is that batterers are not homogeneous on all characteristics as would be expected. Therefore, subtypes can be created on any of the dimensions where

differences are indicated. The crucial question is: Does dividing this population into subtypes enhance treatment?

Characteristics of the Battered Woman

Over the past 20 years, a good deal of research has been done to try to establish whether or not battered women have common characteristics and whether any of these characteristics are seen to cause the abuse. However, to date, although a number of common traits are being reported, most of these characteristics rather than explaining why women are battered are rightfully seen as a consequence of living in an abusive situation. In turn, many of these characteristics are used to help explain why women stay in abusive relationships.

Masochistic tendencies. The one characteristic that has received the most attention and the greatest controversy when viewed as an explanation for why women are battered is that of masochism. Although largely discredited to date (Pizzey, 1974; Martin, 1976; Rounsaville, 1978; Star, 1978; Kuhl, 1984) as a cause of wife battering in the scientific community, at least outside of the medical profession, masochism received considerable attention in the sixties and seventies as a cause of wife abuse. Within this view, violence in the marriage was seen as fulfilling the masochistic needs of the wife and was therefore necessary for the wife's and the couple's equilibrium (Snell, Rosenwald & Robey, 1964). Further to this stereotype, women were seen to instigate the assaults through antagonistic verbal behavior because they were generally believed to be masculine, outspoken and domineering (Carlson, 1977). Fortunately, the growing feminist movement refuted this argument, suggesting that it was based on isolated case reports and had no empirical validity. Dutton (1984) states: "To ascribe the [battered wife] syndrome to a personality trait such as masochism seems to be an example of the fundamental attribution error, where sufficient attention is not paid to the situational circumstances determining the action" (p. 292).

Self-esteem. The characteristic that appears to be most accepted as being common to battered women is that of low self-esteem. Despite the widespread acceptance of this notion, surprisingly little empirical evidence has been reported to support this finding. Several authors

(Hilberman & Munson, 1977-78; Rounsaville, 1978; Star, Clark, Goetz, and O'Malia, 1979; Walker, 1979; Bowen, 1982; Pressman, 1984) report that low self-esteem is a widespread problem in this population. But generally this idea is based on clinical impressions and interview data. Based on her experience with battered women, Hofeller (1983) writes:

> . . . whatever their childhood experiences, it is apparent that they [battered women] do not grow up with feelings of high self-esteem. This perceived lack of self worth is reflected in their selection of a marriage partner; battered women consistently "marry down" by choosing men who come from lower socio-economic groups than they. Later on, this lack of self-worth may make her particularly vulnerable to her husband's verbal attacks. As the emotional abuse increases, it will be hard for her not to believe her husband when he tells her that she is worthless and incompetent. Eventually, she may conclude that she simply does not deserve anything better and, therefore, may give up her attempts to improve the situation or to get out. (p. 80)

Empirical investigation of the self-esteem of battered women is found in a few reports. For example, Star, Clark, Goetz, and O'Malia (1979), using a variety of instruments including the Psychosocial Inventory for Battered Women, the 16PF, and the Clinical Analysis Questionnaire state that their results reveal women with low self-esteem, lack of self-confidence, and a tendency to withdraw from interpersonal contact.

Hartik (1982), using the Sixteen Personality Factor Questionnaire (16PF) and the Tennessee Self Concept Scale (TSCS), also provide evidence that battered women when compared to a sample of non-battered women, have significantly lower self-esteem. The battered women in this sample were found to be less satisfied with themselves in terms of their basic identity, their own behavior, their physical self, moral-ethical self, family self, social self, and personal self.

Sex-role orientation. Another characteristic that has received some attention in the literature is that of the sex-role orientation of the battered woman. Battered women are generally reported to hold a traditional sex-role orientation (Wetzel & Ross, 1983). Ball and Wyman (1977)

feel that the woman caught up in an abusive situation is a victim of over-socialization in stereotypical feminine roles. They report that she has learned to be docile, submissive, humble, ingratiating, non-assertive, dependent, quiet, conforming and selfless. Similarly, Hofeller (1983) writes:

> Most battered women try to fulfill traditional, stereotyped images of femininity. In short, they tend to see themselves primarily as wives and mothers rather than as individuals, and believe that they should be nurturant, submissive, and forgiving of their spouses' frailties. Brought up to be dependent upon their husbands, these women are likely to feel quite threatened by the prospect of being on their own. Furthermore, "traditional" wives tend to view the relative success of their marriages as a reflection of their worth as human beings. Therefore, they may see divorce as a threat in terms of economic and social stigma, as well as evidence of personal failure. (p. 81)

A report by Rosenbaum and O'Leary (1981), on the other hand, using an experimental methodology rather than interview data, has found that the sex-role orientation of battered women is no different than other women. Rosenbaum and O'Leary, using the Spence-Helmreich Attitudes Toward Women Scale, found no significant differences in attitude between groups of abused wives, nonabused but maritally discordant wives and satisfactorily married wives.

Thus, it would seem that the sex-role orientation of battered women is still a matter of debate.

Learned helplessness. The concept of learned helplessness, often seen as a common characteristic of battered women, was first applied to this population by Walker (1977-78). Based on over 100 interviews, Walker used the construct of learned helplessness to provide the "psychological rationale for why the battered woman becomes a victim, and how the process of victimization further entraps her, resulting in psychological paralysis to leave the relationship" (p. 525). Walker borrowed the concept of learned helplessness from Martin Seligman, an experimental psychologist, who studied the effect of non-contingent negative reinforcement on animals. In the first of a series of experiments, Seligman and Maier (1968) placed dogs in cages,

and the dogs were subsequently shocked on a random basis with no possibility of escape, regardless of their response. Although initially responding to try and escape, as the dogs learned that nothing they did stopped the shocks, they eventually ceased any further voluntary activity. In fact, even when their escape was made possible by leaving their cage doors open, as demonstrated by Overmier and Seligman (1967), they remained passive, refusing to leave to avoid the shocks.

Similarly, Seligman (1974) found that when newborn rats were repeatedly held in the experimenter's hands until all voluntary escape movements ceased, a condition of learned helplessness was created. Thus, when subsequently placed in vats of water, many rats failed to even attempt to swim, resulting in their death. On the other hand, it was found that for those rats who were not given this initial treatment, some were able to swim for up to 60 hours before drowning. Similarly, several studies (Hiroto, 1974; Seligman, 1975; Seligman and Hiroto, 1975) have demonstrated that learned helplessness can be produced on an experimental basis in humans.

In regard to the battered women, Walker feels that learned helplessness develops as these women discover that regardless of their actions, they are unable to affect a change in their situation. Thus, they come to develop the belief that no matter what they do, they cannot stop the battering and therefore, they cease to make any attempts to change their situation.

Similarly, due to learned helplessness, Walker hypothesized that the battered woman fails to accept the assistance of those trying to help her, because again, she believes that such help will not be effective. Her cognitive set tells her that no one can help her. Walker states that "learned helplessness theory proposes that the only successful treatment to reverse the cognitive, emotional, and motivational deficits is to learn under which conditions responses will be effective in producing results" (p. 531). Thus, to the extent that these women can experience power and control in their lives, they will overcome these deficits associated with learned helplessness.

In addition to Walker's original work (Walker, 1977-78), evidence has accumulated which substantiates her notion of learned helplessness and the value it has in understanding the plight of the battered woman. Walker (1983), based on interviews with over 400 women over a three-year period, reports a variety of statistics which she feels support the learned helplessness hypothesis.

Research by several other investigations have lent support for the validity of the concept of learned helplessness, as well. A study by Kuhl (1984) investigated the personality structure of the battered women using the Domestic Violence Assessment Form (DVAF) and the Gough's Adjective Check List (ACL). These measures yielded several significant findings. Kuhl reports that the abused women in the sample were "cautious, try to avoid confrontations, feel inadequate in coping with stress and trauma, tend to retreat into fantasy and are dissatisfied with their current status" (p. 460).

Likewise, Star (1978), in analyzing the psychosocial characteristics of a group of physically abused versus non-abused women, provides results which support the learned helplessness model. Star administered the Buss-Durkee Hostility-Guilt Inventory and Cattell's 16PF to 46 battered and 12 women who had not been physically abused. On the hostility-guilt inventory, battered women showed a pattern which suggests that they are more likely to submit to rules and orders than the non-battered sample and instead of physically or verbally opposing these, they are more likely to grumble and sulk. On the 16PF, although the differences between the groups were generally non-significant, the overall profile for the battered women revealed a person who is "reserved, easily upset, timid, apprehensive, and dependent upon their own resourcefulness" (p. 39). As well, they were significantly low on one factor which indicates that they feel unable to cope with life's demands.

In a similar study, Gellen, Hoffman, Jones and Stone (1984) administered the MMPI to ten abused women and ten members of a non-abused control group equated on variables including race, age and socioeconomic status. The results indicated that on eight of the ten clinical scales, a highly significant difference ($p<.005$) was found between the two groups. Abused women

scored significantly higher on the following scales: hypochondrasis, depression, hysteria, psychopathic deviancy, paranoia, psychasthemia, schizophrenia and social introversion. These authors state: "The syndrome reflected by the eight elevated scales suggests elements of a personality profile that are similar to the construct of learned helplessness" (p. 603). They further state that this profile suggests the need for assertive training and rational emotive therapy to attack a belief system which states that there is an inherent futility in one's actions.

Coping skills. A growing body of research is focusing on the coping skills of the battered woman. Much of this research supports the learned helplessness model, but because of its unique nature, it will be reviewed separately in this section.

One of the earlier attempts to look at the coping responses of battered women came with the work of Pfouts (1978). Pfouts uses the exchange theory formulation of Thibaut and Kelley to explain how abused women either consciously or unconsciously decide how to cope with the abuse. First, Pfouts feels the woman:

> decides whether the total benefits of the marriage (security, material possessions, excitement, advantages for the children, social approval and good times with the abusing spouse) outweigh the total costs of the marriage (the pain and emotional trauma of physical abuse, verbal cruelty, and debasement, social humiliation, and adverse effects on the children). Second, having rated her overall level of satisfaction with the marriage, the wife compares this with the level of satisfaction she thinks she can achieve if she opts for the best possible alternative available. (Pfouts, 1978, p. 102)

On the basis of this cost/benefit analysis, the battered woman then chooses one of four possible coping responses: self-punishing, aggressive, early disengagement and mid-life disengagement. In the self-punishing response, the woman sees the payoffs within her marriage as low but the benefits of other alternatives available to her even lower, and thus, remains a victim within the battering relationship. With the aggressive response, the wife sees the payoffs in the violent relationship as relatively high compared to those outside of it. She responds to violence with violence, either toward the abuser or more often, against her children. For the early

disengagement response pattern, the payoffs in the relationship are seen as low while the payoffs of other alternatives are perceived as high. In this situation, the woman finds the abuse intolerable and quickly either leaves the relationship or forces her husband to change his abusive ways. Finally, in the mid-life disengagement response, after years of abuse, the abused woman finally weighs the costs of the relationship higher than the benefits and reluctantly moves into nonviolent alternatives.

In contrast to this study, Mills (1985) through interviews with 10 battered women, identified five stages that the women went through in coping with their abuse. In the first of these stages which involves "entering the violent relationship" (p. 105), these women were seen to become involved with the batterer at a time when they were particularly vulnerable, often because they were experiencing a major change or crisis in their lives. Their need for intimacy was high, while their judgement was clouded due to the crisis they were experiencing. The second stage involves "managing the violence" (p. 107). Management is seen to involve both attaching a meaning to the violence and the development of coping strategies to deal with it. Although initially the abuse is defined as an aberrant event, when it continues, the woman perceives it as a problem to be managed. Managing the violence involves developing justifications for maintaining the relationship. These justifications include: minimizing the seriousness of the violence, minimizing the importance of the violence and reinterpreting the batterer's behavior as that of victim (i.e., "he is sick"). The third stage of coping with the abuse involves "experiencing a loss of self" (p. 111). Without outside validation, the woman loses her sense of identity and develops a numbness and passivity to the world around her. A sense of confusion leads her to doubt her own judgements and perceptions. These elements of this description fit well with the learned helplessness model. Stemming from the many contradictions developing in her relationship, from insights prompted by outside sources, or because of a specific violent event, she comes to redefine the violence as unacceptable. This "re-evaluation of the violent relationship" (p. 114) is the fourth stage of coping. Finally, in the last stage, that of "restructuring the self" (p. 116), the woman now outside of the abusive situation, comes to develop a new identity--that of a battered

woman or former battered wife. In turn, within this new identify, these women were found to either see themselves as survivors or victims.

The different nature of the results found between the work of Pfouts (1978) and that of Mills (1985) seems in part a reflection of the different samples these researchers were working with. Mills interviewed a small (N=10) homogeneous group of women, all of whom had recently left their partners. Pfouts investigated a larger (N=35), more heterogeneous group of women, some who were in battering relationships, others who had left these.

A model by Mitchell and Hodson (1983) attempts to integrate a number of factors relating to the coping responses of battered women under one conceptual framework. These authors within this model show the interrelations between stress (i.e., level of violence), personal resources, social support, institutional responsiveness, coping, and several mental health variables. Results from a questionnaire package which assessed each of these dimensions indicated that 'increased levels of violence, minimal personal resources, lack of institutional and informal social support, and greater avoidant coping styles were related to lowered self-esteem and more severe depressive symptoms" (p. 629). This data was felt to lend support for the proposed model.

Some of the recent research on the coping behavior of battered women has been directed toward determining the extent to which deficits in coping responses exist within this population. Finn (1985) presents some revealing research along these lines which has in part served to guide the present investigation. Finn assessed the coping strategies utilized by 56 battered women who sought treatment from a spouse-abuse program. Coping was assessed by a self-report instrument, the Family Crisis Oriented Personal Evaluation Scale (F-COPES), which provided normative data on a non-battered female population. Results of the assessment indicated that these women had several significant deficits in coping behavior relative to the norm group. The battered women in the sample utilized social support, reframing and spiritual support significantly less than the norm population, and at the same time, used passive appraisal to a significantly greater extent. No differences were found on the one remaining dimension of the F-COPES,

which assesses the extent to which the women utilized other community resources. Finn states "the kinds of coping strategies used by these battered women are the least likely to alter their circumstances and the most likely to result in additional stress through the lack of resolution of ongoing problems" (p. 346). He feels that these results are consistent with learned helplessness theory and serve as one explanation for why battered women remain dependent upon their partners.

Problem-solving skills. Closely related to the literature just discussed on coping skills, in fact, overlapping in some respects, is research being done which has investigated the problem-solving skills of battered women. Like the study by Finn (1985), this literature has focused on determining to what degree deficits are present in the battered woman. A variety of measurement techniques have been used toward this end.

Morrison, Hasselt and Bellack (1987) assessed both the assertion and problem-solving skills of couples in abusive relationships. Their measure of problem-solving ability involved a 12-minute videotaped discussion in which members of the couple were judged on their ability to resolve selected issues related to their relationship. These results indicated first that the women in this sample exhibited selected deficits on certain components of assertion (i.e., speech disturbances; excessive compliance) relative to groups of maritally discordant but non-violent and satisfactorily married couples. However, on the problem solving tasks, no significant differences were found between any of these groups. Of course, the validity of these problem-solving discussions is open to question. Although the authors provide data on inter-rater reliability, no information was provided to attest to the validity of this measure.

Several other research articles have provided evidence that battered women indeed have problem-solving deficits. Claerhout, Elder and Janes (1982) compared the problem-solving skills of 20 non-battered women to those of 14 battered women. Problem-solving skills were assessed using the Family Problem Questionnaire, the development of which is described by the authors. This instrument involves the written presentation of six problem situations and requires the respondents to list all possible solutions to each of the problems, the one best solution to the

situations, and why it would be best. On analysis, the findings indicated that the battered women in the sample generated significantly fewer total alternatives, were significantly less likely to produce effective response alternatives and were significantly more likely to generate avoidant and dependent alternatives than the non-battered group.

Building on the research of Claerhout, Elder and Janes (1982), a study by Launius and Jensen (1987) also focuses on the problem-solving skills of battered women. However, having identified the important effects depression and anxiety can have on problem-solving behavior, these authors statistically controlled for the effect of these factors. In this study, three groups were formed: battered women, women in counselling who have not experienced abuse and women who have neither experienced abuse nor were in counselling. Four measures were used including an intelligence test (BETA), the Beck Depression Inventory, the State Trait Anxiety Inventory, and an interpersonal problem-solving inventory. The problem-solving inventory was similar to that of Claerhout, Elder and Janes (1982) and consisted of six interpersonal problem situations to which the subjects were asked to find solutions. Using analysis of covariance to control for the effects of depression and anxiety, the battered women were found to generate fewer total response options, fewer effective options, and were less likely to select an effective option as the one they would choose to use in a given situation. Launius and Jensen further hypothesize as to why problem-solving deficits are found in this population. Either, through the process of learned helplessness, battering is seen as the main precursor to the development of faulty cognitive perceptions and problem-solving deficits. Or alternately, because of variables such as, poor role models, parental abuse, or lack of experience or training, some women fail to develop these skills and are unable to deal with serious problems in daily living. When faced with abuse, they thus respond ineffectively and as learned helplessness develops, their problem-solving deficits are compounded. Regardless of which of these explanations is more accurate, these authors stress the need for the development of problem-solving skills training programs, and suggest that future research efforts be directed toward evaluating the outcome of such programs.

Beliefs. Several articles have made reference to the existence of a variety of common beliefs among battered women. Many of these beliefs would appear to be self-defeating and seem to develop out of, or at least be reinforced by the dynamics of the abusive situation. Referred to also in the literature as myths and rationalizations, together these cognitions serve to maintain the stability of the abusive relationship, thus rendering positive change unlikely. To date, self-defeating beliefs have received no empirical investigation, however, several studies based on case reports, clinical impressions and interview data are beginning to reveal their importance.

An article which both recognizes the importance of identifying these faulty beliefs and emphasizes the need to make challenging these beliefs an important focus of therapy is that of Follingstad (1980). The techniques Follingstad used to tackle these beliefs will be described in more detail in the treatment section of this review, however, the nature of the beliefs he identified will be outlined. Follingstad, in presenting a case study, describes five faulty beliefs which he feels are common to battered women and which he feels need to be altered before behavior change is possible. These include the belief that:

1. "I have no other alternatives to this relationship."...
2. "I would feel extremely guilty and responsible for what would happen to [my husband] if I ended the relationship."...
3. "Maybe I deserve the beatings."...
4. "Maybe I provoke the abuse from [my husband]."...
5. "I can't change anything; I've tried before." (Follingstad, 1980, p. 299)

Pressman (1987), within family-of-origin therapy, also suggests that battered women hold beliefs which predispose them to remain in abusive relationships. These beliefs include:

"My needs come after family needs are met."

"Mother makes or breaks the home. She is the center of the home."

"Good mothers never say, No!"

"If things go wrong, you are at fault. Mothers are a good place to take garbage."

"Mothers have all the answers or should know all the answers." (Pressman, 1987, p. 54)

Pressman feels that these same beliefs are not uncommon among non-abused women, but that they are particularly self-defeating within an abusive relationship. Particularly common and potentially dangerous to the battered woman Pressman states is the belief that she will receive love only if she gives love. This willingness to give, without concern for her own needs, is what Pressman feels attracts needy males to these women.

An article by Hilberman and Munson (1977-78) refers to a "complex mythology" (p. 467) which the battered woman holds, which must be identified and challenged early in her treatment. Beliefs within this system include the idea that: (a) violence is an acceptable means of venting anger, (b) batterers are not responsible for their behavior because they are sick, mentally ill, alcoholic, unemployed or under stress, (c) the violence is justified because I am bad, provocative, or challenging, (d) he will not abuse me if I am good, quiet or compliant, (e) I love him, (f) I can't survive without him, (g) it is best for my children, and (h) he will change.

Painter and Dutton (1985), in discussing the process of traumatic bonding, outline two beliefs which they feel lock the woman into the battering relationship. These include the belief in her own powerlessness and the belief that she causes the violence and can prevent it if she only changes her behavior.

Articles by Ferraro (1983) and Ferraro and Johnson (1983) suggest several self-defeating beliefs within this population. These authors, based on a two-year participant observation study of battered women within a shelter, describe six techniques by which these women rationalize what is happening to them. These techniques include appealing to the salvation ethic, denial of injury, denial of victimizer, denial of victimization, denial of options and an appeal to higher loyalties. Embedded within these techniques appear to be several self-defeating beliefs. These include the beliefs that: (1) I have the power to solve my husband's problems, including the abuse, (2) the abuse is due to forces beyond my husband's control (i.e., due to illness or his unemployment), (3) he will grow out of or get over the abuse, (4) I had it coming, (5) I cannot survive without my husband so I have to accept the abuse, (6) there is no other man in the world for me--he is the only man I could love, (7) if I leave the relationship, I will lead a life of loneliness

and celibacy, (8) only trashy people get divorced, and (9) for my children's sake, any marriage is better than no marriage. Ferraro feels that these beliefs serve to justify a woman's decision to remain in a violent relationship, and therefore, need to be changed.

A recent article (Douglas and Strom, 1988) provides the most revealing descriptive report to date regarding what they refer to as the "dysfunctional" (p. 33) beliefs of battered women. These authors state that battered women hold three categories of dysfunctional cognitions. The first category of cognitions are considered to render a women more vulnerable to violent relationships. Cognitions under this category include those that convey a traditional sex role attitude, cognitions that suggest an attitude which condones violence and beliefs which imply a negative self attitude. The second major category of cognitions Douglas and Strom distinguishes are those which they believe follow from the abuse. Under this major category are cognitions which: minimize or distort what is considered abusive behavior, attribute the cause and the blame for the abuse to the women herself, carry the expectation that violence will not recur, suggest that the batterer will never really hurt her seriously, and those which convey the idea that there is no action she can take to control her own safety. The third and final category of cognitions these authors suggest are commonly seen as negative symptoms of living in an abusive relationship. These include low self-esteem, anxiety, anger, depression and paranoia.

This kind of research suggests that many battered women may indeed hold a common set of beliefs, and that these need to be delineated more clearly so that treatment programs can be formulated to more systematically change those beliefs that are found to be self-defeating in nature. It is obvious in reviewing the existing treatment literature, particularly that from a feminist perspective, that this is a very important aspect of treatment already. New approaches to tackling these beliefs, particularly if this can be done on a more systematic basis, need to be developed, however. This approach is important because in this population, it appears that behavioral changes that will have a lasting impact on the lives of these women are unlikely unless cognitive restructuring occurs.

Other Characteristics. Aside from the characteristics reviewed to this point, several other attributes have received attention in the literature, however, these have had little or no empirical investigation. Battered women have been reported to lack assertive skills (Hilberman & Munson, 1977-78; Davidson, 1978), experience high levels of fear (Martin, 1981; Bowen, 1982) and depression (Goodstein & Page, 1981), abuse alcohol and drugs (Frazier & Flitcraft, 1977; Hilberman & Munson, 1977-78; Labell, 1979), and display signs of mental illness (Goodstein & Page, 1981), particularly somatic disorders (Hilberman & Munson, 1977-78; Walker, 1979). Other characteristics include a tendency to internalize blame and assume responsibility for the violence, a reliance on denial as a major defense mechanism, a tendency to be compliant, denying her own needs, and feelings of ambivalence regarding her relationship.

Summary of characteristics. Clearly, not enough controlled empirical investigation to this point in the study of the characteristics of battered women has been done to warrant many sound conclusions. The bulk of the literature to date is based on clinical impressions and interview data which are open to several potential biases. A continually growing body of literature challenges the notion that battered women are masochistic. An equally large body of evidence suggests that the battered woman suffers from feelings of low self-esteem, however, more empirical confirmation is warranted. Controversy still exists regarding the sex-role orientation of these women. As well, numerous reports, both clinical and experimental, lend support for the motivational and cognitive deficits associated with the concept of learned helplessness. Empirical evidence is starting to develop which suggests that battered women have deficits in both problem-solving and coping skills. Much more investigation along these lines is needed, however. The presence of a common set of self-defeating beliefs in this population is a relatively new and somewhat difficult area of investigation. Terminology varies within this literature, making interpretations of reports somewhat tenuous. This area of investigation, as well as that on coping skills, holds great promise for the future because of the important implications it has for treatment.

A major issue in this research remains unanswered and possibly unanswerable. This relates to whether or not these characteristics found to be common among battered women

existed prior to their involvement in abusive relationships, and are thus in part, seen to contribute to the abuse or whether they develop as a result of the abuse. It is the writer's opinion that since this question is largely unanswerable, at least with the research methodologies used at present, and since it has the potential of blaming the battered woman and thus continuing to victimize her, it serves no purpose to pursue. More importantly, as far as treatment goes, it makes no difference when these characteristics developed. What is important is to identify those deficiencies that are present and develop effective programs to remediate them.

Stress Theory

Another variable thought to cause or at least contribute to violence between intimates is stress (Straus, 1980; Neidig & Friedman, 1984). Gelles (1980) states: "a . . . consistent finding of most domestic violence research is that family violence rates are directly related to social stress in families" (p. 879). According to this view, marital violence will occur when situational pressures become too great, particularly where children grow up in violent homes and violence becomes a learned problem solving strategy. Once the violent event has occurred, it is followed by a period of tension reduction which then reinforces its repeated occurrence. As well, since violence does not resolve the problem situation, stress reaccumulates until it deteriorates into another violent episode. Although stressful events affect all families, Porter (1986) suggests that the difficulty with violent families is that they have not developed ways of reducing stress to a tolerable level. Due to the multiple sources of stress that impinge upon both the individual and the family, research into stress and wife abuse is open to investigation on numerous levels. Stressful stimuli can come from outside the family, (e.g., unemployment or job dissatisfaction), or from inside the family (e.g., sexual dissatisfaction within the relationship). Despite the variety of sources of stress which could be investigated with regard to conjugal violence, much of the research appears to deal with family violence in general, or more specifically, with child abuse. Few reports have attempted to investigate stress and wife abuse on an empirical basis.

Straus, Gelles, and Steinmetz (1980) found that the greater the number of stressful life events a family encountered in the past year, the higher the chances that spouse abuse had

occurred. Some of the stressful life events investigated here included: pregnancy, financial pressures, problems outside the home such as unemployment or difficulties at work, sexual problems, in-law troubles and problems with children.

Gelles (1976) found that one-quarter of the women of the 80 families they investigated were battered during pregnancy.

Barling and Rosenbaum (1986), using groups of maritally satisfied males, dissatisfied nonabusive males, and dissatisfied abusive males, investigated the relationship between work stressors and wife abuse. Using a variety of questionnaires assessing work involvement, organizational commitment, job satisfaction and work stress, the results indicated that negative stressful work related events were associated significantly with wife abuse.

Hornung, McCullough and Sugimoto (1981), building on a similar study by O'Brien (1971), looked at status inconsistency and status incompatibility as risk factors in abusive behavior. Status inconsistency is referred to as unequal educational and occupational attainment for an individual. Status incompatibility, on the other hand, looks at discrepancies between the educational and/or occupational attainment between partners. Both of these situations are thought to be potentially stressful. Results of the study confirmed that certain types of status inconsistency, for example, under-achievement in occupation by the husband, and certain types of status incompatibility, such as when the woman is high in occupation compared to her husband, were associated with very high risks of spouse abuse, particularly life threatening violence. These results also suggested that a wide variety of other patterns were also associated with a higher risk of abuse so replication of these findings on other samples is necessary. In her sample, Carlson (1977) reported that in only 29 percent of the couples did the male's educational level surpass that of his female partner. Given the typical patterns in society, this statistic lends some support for the status incompatibility model.

A recent article by Farrington (1986) provides a useful conceptualization of the role that stress theory plays in the study of family violence. Farrington feels that the very structure of the modern family with the multiple demands placed on it makes high levels of stress inevitable. At

the same time, he feels that the family is poorly equipped to cope with the various stressor stimuli with which it routinely comes into contact. Farrington feels that a general stress model is able to explain "a good deal" of the violence that occurs within the family. Stress theory explains "instrumental" violence, (e.g., when a man slaps his wife to settle an argument), as a basically rational attempt to cope with the demands of a stressful situation. Stress theory sees "expressive" violence, or frustration-based aggression, as a second order consequence of an unresolved stress situation. Thus, according to the frustration-aggression hypothesis (Dollard, Doob, Miller, Mowrer and Sears, 1939), as stressor stimuli impinge on the family but allude successful resolution, they in turn lead to frustration, which results in behaviors such as wife abuse.

Social Learning Theory

The social learning model as an explanation for why males batter their wives is based on the premise that what a man in childhood experienced directly or witnessed his father doing is what he will very likely repeat in adulthood. Violence here is thus viewed as a product of a successful learning experience, where violent family members serve as models to imitate and where the aggression is often perceived to be rewarded. Such behavior both communicates the acceptability of physical aggression in a love relationship and in the family as a means of expressing anger, responding to stress, or controlling the behavior of others (Kalmuss, 1984). Evidence for this model comes from a number of reports which indicate that a very high percentage of those who use physical violence against their partners either witnessed or experienced physical abuse in their families of origin. Roy (1982) reported that in her sample, 81 percent of the batterers either witnessed or experienced abuse as a child. Based on women's reports of their partner's childhood, Walker (1984) found that 85 percent of the battering males came from abusive homes. Similarly, based on interviews with women, Wetzel and Ross (1983) found in their sample that 42 percent of the batterers were abused as children, and 53 percent had viewed physical violence in their homes. Of these males who had witnessed violence, 75 percent had seen their fathers beat their mothers. Straus, Gelles, and Steinmetz (1980) reported

that in their sample, husbands who were reared in the most violent homes (i.e., both observing marital violence and experiencing physical punishment) had a rate of wife abuse 600 times greater than husbands from nonviolent homes. Based on reports from 512 abused women, abuse was present in 50.1 percent of their partner's family of origin. A report by Fitch and Papantonio (1983), based on 188 interviews with males who were seeking counselling for abusive behavior toward their partners, found that 71 percent reported witnessing physical violence between their parents, and 49 percent said they were physically abused as children. Other reports which have compared the backgrounds of violent and nonviolent husbands (Coleman, Weinman and Hsi, 1980) or in their design have used an additional group of maritally discordant but nonviolent husbands (Rosenbaum & O'Leary, 1981; Telch & Lindquist, 1984) indicate that males who batter their wives report that they have observed and/or experienced parental violence significantly more often than the nonviolent groups. Lewis (1987) reported that although 46.8 percent of a sample of abused women reported their partners to have been abused as children, only 10.9 percent of the non-abused comparison group reported similar abuse. Other evidence suggests that although exposure to violence either as a victim or witness is highly associated with later involvement in violent relationships, men who witness parental violence appear to be much more likely to later perpetrate abuse against a female partner than men who were victims of child abuse (Kalmuss, 1984).

A somewhat different line of research which has in part supported the learning theory model is represented by a cross-cultural study of Levinson (1983). Levinson studied the relationship between wife abuse and the physical punishment of children. This research was designed to test the hypothesis of Straus (1977) which states that frequent wife beating will be associated with frequent physical punishment. Analyzing the rates of physical punishment and wife battering in 60 societies throughout the world, Levinson found a significant positive correlation between these variables as predicted by Straus. However, a more detailed analysis indicated a more complex relationship. While low rates of wifebeating were associated with

infrequent punishment, high rates of abuse were unrelated to the frequency of physical punishment.

Although this intergenerational transmission of aggression seems to be well-supported by this literature generally, still it does not explain all such violence since a significant proportion of this population has not been exposed to such violence within the home. It could be argued that modelling of such violent behavior could have occurred outside the home, however, this has not been subject to investigation to date.

The literature is still unclear as to whether these intergenerational effects apply equally to both sexes. Evidence from Gelles (1976) suggests that physical aggression in the childhood family increases the chances that men would perpetrate and women would be victimized by wife abuse. Kalmuss (1984), on the other hand, reports that modeling of marital aggression does not appear to be sex specific. "Observing one's father hitting one's mother increases the likelihood that sons will be victims as well as perpetrators, and that daughters will be perpetrators as well as victims of severe marital aggression" (Kalmuss, 1984, p. 11).

Several articles which have investigated the history of violence in the family-of-origin of battered women are worth reporting. Using a questionnaire, Star, Clark, Goetz and O'Malia (1979) found that in their sample of 57 battered women, 30 percent witnessed their fathers beat their mothers at least once, 33 percent experienced frequent physical punishment in the form of a slap or were hit with an object, and 33 percent reported being sexually assaulted prior to marriage. Labell (1979), reporting on a sample of 512 women seeking help from a women's shelter, found that on intake and departure forms, 33 percent reported growing up in violent families. These authors felt that this may be an underestimate of the true rate since higher rates were found when the same questions were asked verbally to a portion of the sample. Using a comparison group of non-battered women, equated on number of years married and socioeconomic status, Lewis (1987) reported results that she feels support a learning theory explanation of wife abuse. While 34 percent of the abused women in the sample reported being the victim of child abuse, only 7 percent of the comparison group reported similar abuse.

Despite these findings, not all research has supported a relationship between observed marital violence and later abuse, among abused females. Several authors (Walker, 1979; Star, 1980; Rosenbaum and O'Leary, 1981) report findings which fail to support this relationship. These mixed results suggested the need for more controlled investigation in this area.

Feminist Perspective

Within the feminist perspective, the sexist organization of society and the unequal distribution of power within the family are seen as primary factors which contribute to the high levels of wife battering in our culture today. This perspective is really multi-causal in nature and looks at wife beating from a socio-historical perspective. Evidence for its validity comes from historical, legal, religious and cultural precedents which have supported a marital hierarchy which has subordinated women and legalized violence against them (Dobash & Dobash, 1978). Straus (1976) writes:

> Sexism contributes to the frequency of wife-beating because of: one, the need of men who lack superiority in personal resources to use violence to maintain a superior power position in the family; two, the antagonism between the sexes engendered by sex role differentiation and inequality; three, the perceived inability of many wives to escape from marriage to a violent husband because society thrusts the full burden of child-rearing on women, denies them equal job opportunities, inculcates a negative self-image in respect to roles other than wife and mother, and perpetuates the myth that bringing up a child without a father in the house is damaging to children; and four, the male-oriented organization of the criminal justice system which makes it difficult or impossible for women to secure legal protection from assault by their husband. (p. 54)

Historically, research indicates that it has only been about a hundred years since men have been denied the legal right to beat their wives in Britain and in the United States. Dobash and Dobash (1978) provide a very interesting historical account of the laws relating to the husband's marital obligation to control and chastise his wife through the use of physical force, however, a review of this extensive body of literature is beyond the scope of this review. What is important to

note is that although these legal prescriptions no longer exist today, within this perspective, it is believed that our culture still supports this practice. Both society's attitudes and the actions of law enforcement , and the judicial system continue to implicitly support wife abuse. Straus (1976) feels that in our contemporary society, cultural norms make the marriage license a hitting license.

Empirical evidence for this view is provided in a study by Stark and McEvoy (1970). In their research, a representative sample of 1,176 American adults was surveyed, and it was found that one out of five approved of hitting a spouse under certain circumstances. Similarly, a recent study by Ewing and Aubrey (1987) found that a significant proportion of the general public holds erroneous beliefs about battered women. Sampling 216 members of the general public, equally divided between the sexes, it was found that at least one third held the belief that the battered woman is partially responsible for her battering. As well, a majority (63.7%) of the subjects appeared to subscribe to the "myth" that a battered woman can simply leave her batterer if she does not want to put up with the abuse. Evidence for other similar myths is provided by Ewing and Aubrey.

Evidence that the marriage license per se is not the critical factor in abuse, but instead, the presence of intimacy in the relationship is provided in an article by Roscoe and Benaske (1985). These authors, using questionnaires, investigated a sample of battered women to determine the incidence of physical violence during childhood, courtship and marriage. Their results revealed remarkable similarities between courtship and marital violence, in terms of both its form and frequency. Forty-nine percent of the women reported being physically abused in dating relationships, suggesting that the marital status of the couple was not the crucial factor in determining whether or not the women were abused.

Whether married or unmarried, critical to the feminist explanation for the causes of wife abuse is the role of sexist attitudes in our society. Support for the effect of sexism on wife battering has been provided in an article which has investigated the cross-cultural nature of the problem. Lester (1980) studied the relationship between wife abuse and the status of women in

71 different societies around the world. His finding indicated that wife beating was significantly more common in societies in which the status of women was rated as inferior.

Other evidence for the importance of sexism as a causal explanation for wife abuse comes from an article by Romero (1985). Romero studied the strategies of control and coercion used on prisoners of war by their captors and on abused women by their batterers to determine whether similarities and differences exist. Several similarities were found, including:

> (a) psychological abuse within the context of violence; (b) the use of emotional dependency based on intermittent reinforcement; and (c) isolation from the victim's support system resulting in validation of assailant's beliefs and behavior. (Romero, 1985, p. 537)

Romero further argues that in both circumstances, what makes this coercion possible is the unequal distribution of power. For the battered woman, it is argued that her subordinate position in the power hierarchy is due to the differential sex-role socialization of children in society and the sexist norms which support male dominance.

The impact that differential sex-role socialization has on violence in relationships has been discussed by several authors (Walker, 1981; Smith, 1984; Walker and Browne, 1985; Taubman, 1986). Existing sex-role socialization practises are felt to encourage women to be nurturing, compliant, passive and dependent on men, while males are taught to be intelligent, rational, strong and good economic providers. Males, in turn, learn that they will be rewarded for their role by a wife who will take care of their emotional needs and accept expression of their frustrations. Walker (1981) feels the outcome of this kind of sex-role socialization is reflected in the high rates of battering. Similarly, Smith (1984) considers the battered condition as a normal outgrowth of both female and male development. The batterer is an extension of a normal, healthy male who fears intimacy, denies feelings, and needs power, status and control. The abused woman is an extension of the normal, healthy female who perceives her role as one of caregiver, who is willing to put aside her own needs for those of her partner and whose greatest fear is isolation or rejection (Smith, 1984). Walker & Browne (1985) feel that rigid sex role stereotyping during childhood also causes distortions in the way women respond to violent behavior.

> Little girls are typically taught to reach their goals by attempting to win the approval of others, adapting to dominant behavior, and suppressing anger or aggressive reactions in favor of peace-keeping maneuvers or persuasion. They do not learn the confrontational skills that may be necessary to stop abuse, and their realistic appraisal of being at greater physical risk in an argument with a male partner may dissuade them from responding assertively and may lead to acquiescence and acceptance of abusive behavior as unavoidable. (Walker and Browne, 1985, p. 180)

As well, women are taught to depend on others for their sense of security and well-being and learn to take responsibility for keeping the family intact. Taubman (1986) looks more specifically at the sex-role socialization of the male and the effects it has on violence within intimate relationships. He feels that to the extent that males feel they have fallen short of sex role standards in areas of achievement, independence and mastery in the work place, they will compensate by over conforming to norms of aggression and domination, particularly in the safety of their relationship with women and children. As well, Taubman feels that the shame created by this lack of fulfillment will engender "retaliatory rage" (1986, p. 16) and thus, further increase the potential of the male to commit violent acts toward other family members.

The role of the police in implicitly sanctioning wife abuse has also been debated (Langley and Levy, 1977; Straus, 1977). These authors contend that law enforcement officers hold certain beliefs which offer implicit approval for violence toward wives. These beliefs include the idea that abuse is legally permissible unless hospitalization is required as well as the belief that domestic disputes are largely private matters. Similarly, the judicial system offers little legal protection to the battered women. Prosecution is seen to be arbitrarily-based on the notion of the sanctity and preservation of the marriage. When assault charges are laid, sentencing is reported to be very lenient, including either lectures, small fines, probation, conditional discharge or a counselling referral (Paterson, 1979; MacLeod, 1980).

The feminist perspective thus suggests that taken together, the attitudes of the public, the police, the court, and even many helping professionals condone a certain level of abuse in the

home, and support the patriarchal structure of the family which perpetuates the abuse from generation to generation. An interesting article by Yllo (1983) provides evidence that this proposed relationship between sexism and wife abuse may be an oversimplification however. Analyzing the rates of abuse in 30 American states and the corresponding status of women in these states, Yllo's results in fact indicate a curvilinear relationship between these variables. In states where the status of women was lowest, the level of wife abuse was found to be highest as would be predicted within the feminist perspective. However, as women's status increased, violence was found to decrease, only to a point. In states where the women's status was the highest, the level of violence against wives was also found to be quite high. Yllo explains these results by suggesting that the high levels of violence found in states where women's status was also high may be due to the fact that men in these states may be feeling threatened by the breakdown of traditional husband-wife roles and are thus retaliating with violence. Yllo sees these results as most consistent with the position of Steinmetz and Straus (1974), who state that although the long-run impact of increased sexual equality may be to reduce wife abuse, the short-run result may actually be to increase the violence.

One difficulty with this perspective is that it does not seem to explain why wife beating is not universal in our society, but is only practiced in some relationships. Dutton (1984) states that statistics such as those of Stark and McEvoy (1970), who found that only about 20 percent of North Americans approve of men slapping their wives, and abuse rates of around 10 percent (Straus, 1980) are too small to support the notion of a cultural norm condoning violence. Similarly, Breines and Gordon (1983), arguing against sexism as the overriding cause of wife abuse, write:

> . . . anxiety about victim blaming should not be allowed to hold back serious feminist scholarship and theory about woman battering. Some men beat women, and some do not; some women are beaten, and some are not. It is neither useful nor credible to argue that the differences within each group are purely random. To argue that sexism is the cause may be helpful to addressing polemics against the victim blamers but does not advance theory or strategy. (p. 519)

Systems Theory

The general systems theory as proposed by Straus (1973) and expanded by Giles-Sims (1983) accounts for violence within the family by viewing the family as a goal-seeking, purposive, and adaptive system. Violence is seen as a product of this system rather than a product of pathology within any one member of this system. Violence between family members arises out of diverse causes, the occurrences of which are both multivariate and multideterminate in nature.

Weitzman and Dreen (1982) feel that systems become violence-prone for two main reasons. First, because violence is rooted in the phenomenological system of each spouse, violent behavior has been learned and rewarded through either personal experience with abuse as a child or through sex-role conditioning which has encouraged exploitation. Second, many family systems become violence-prone because the relationship rules which govern all marriages are much more rigid among violent couples. Roles are rigidly defined with the male having unquestionable control. Violence and conflict are avoided as long as this structure goes uncontested. Weitzman and Dreen feel that over time, challenge to this system is inevitable, however, and that partners struggle for control of the relationship. Control battles may manifest over seemingly innocuous matters (i.e., dishes or meal hours), however, underlying this are six major control themes: distance and intimacy, jealousy and loyalty, dependence and independence, rejection and unconditional acceptance, adequacy and inadequacy, and control, power, and powerlessness. Violence then is seen to occur as an attempt by the male to homeostatically re-establish the system so that he maintains rigid unilateral control. A more detailed discussion of the systemic model will be presented in the treatment section of this review.

Ecologically Nested Theory

Recently, Dutton (1985) has applied an ecologically nested perspective to explain what predisposes a man to be violent toward his wife. Within this perspective, violence is considered to be determined by a multitude of forces in the individual, the family, the community, the culture and the species. These factors are in turn considered to be nested within one another in that one factor operates only within certain limits set by other factors. Dutton (1984) demonstrates the

interactive nature of this theory by generating one of many possible profiles of a male at risk of battering.

> . . . if a male with a strong need for dominance or control of others but poor verbal skills through which to realize such control and who has witnessed violence as a means of conflict resolution in his family of origin is currently engaged in conflict in his marital relationship, the likelihood of wife assault increases. (p. 288)

Dutton feels that one of the major advantages of this model is that it avoids the limitations imposed by any one single model of abuse. His research now focuses on studying in greater depth the interaction that occurs between different levels within this model. The importance of this theory lies in its ability to focus the literature back on the reality of the battering relationship; that it is multiply-determined by a host of interacting factors. Although the relationship between these many interacting factors has been established by a growing body of literature in the area, difficulties would seem to lie in establishing causality in this model. This criticism certainly applies to the literature on violence between intimates in general, however.

Summary

The literature presented in this review of the causes of wife abuse paints a picture of multiple causes for this phenomenon, each providing a unique but limited explanation of the problem. Only in the work of Dutton (1985) who utilizes an ecologically nested theory is there much of an attempt to integrate these various theories.

Emphasis in this review was placed on presenting the most current literature on the psychosocial characteristics of both the battered woman and her partner which appears to be one of the major targets of research efforts in the eighties. Methodological problems abound in this research however. More and more studies are utilizing comparison groups in their designs, however since random assignment of subjects to groups is not possible, all that can be determined is whether a relationship exists between the variables being studied. Many of those studies that do use comparison groups have not taken adequate care in establishing their equivalence. Rosenbaum and O'Leary's (1981) initial use of maritally discordant couples as a

comparison group was a step in the right direction. Still by and large, the result has been difficulties in establishing causality. The literature indicates that a wide variety of variables are correlated with abuse, but it has done little to progress beyond this point. It has been able to disconfirm certain relationships, which is an important step in the right direction. Barling and Rosenbaum (1986) have suggested that probably the best way to establish causality, at least for some of the variables that have been studied in this field, is to use a longitudinal design. The work of Fergusson, Horwood, Kershaw and Shannon (1986) is an example of this kind of research, however, still not all extraneous variables can be ruled out. Other methodological shortcomings in the literature include small samples sizes as well as the use of highly specialized populations, which limit external validity. For example, the sample of abused women is often taken either from a shelter or counselling group which may not represent the average battered woman. The sample of male batterers often consists of psychiatric patients, convicted assaulters, military personnel or clients in counselling, again making generalizations to the larger population of batterers difficult. Many reports are actually based on descriptions provided by battered women regarding the nature of their partners. This raises obvious questions regarding the reliability and validity of this information. As well, much of the earlier data is based on interviews in which many of the terms were vaguely defined. More recent articles have begun to use more systematic data collection procedures where constructs are defined in operational terms. For example, a variety of survey and questionnaire instruments are being used, however, many of these are not standardized and are also of questionable validity.

Regarding the present investigation, the literature appears to have established some evidence that battered women are both deficient in coping strategies and hold a number of beliefs that may be considered self-defeating. The relationship between each of these variables and other important variables such as stress levels and psychoiogical adjustment variables has received little attention. No research to date has attempted to delineate the self-defeating beliefs common to battered women on any kind of exhaustive basis. Nor has research to this point

provided empirical evidence for the existence of these beliefs. This kind of investigation would appear essential if one proposes to develop an effective program to challenge these beliefs.

Treatment

A review of the literature on the treatment of the abused wife indicates the emergence of a variety of approaches, which reflect in part the diversity of theoretical stances which have developed regarding the etiology of wife abuse. Some of the more established approaches to treatment include the feminist counselling perspective, the systemic approach and the cognitive-behavioral model. Other less reported perspectives will also be presented, however, trying to categorize these in any meaningful way, particularly when based upon a single article or report, would appear fruitless. This categorization in no way is intended to indicate that those treatment programs described under a particular framework are theoretically pure. On the contrary, many of the programs mix theories and techniques, and therefore, the classification is based on the writer's general impressions of the overall orientation of the treatment.

Feminist Counselling Approach

Aside from isolated reports of psychoanalytic treatment, the first real attempt to help the battered woman came in the early seventies with the application of feminist counselling principles to this population. Despite its comparatively long history, surprisingly little literature describes treatment programs which utilize the feminist counselling perspective. As well, with one notable exception which will be reported later, virtually no research has been done to evaluate the efficacy of this approach. Thus, this review will focus on presenting the basic rationale, goals and format of treatment as illustrated by several descriptive reports.

Ball and Wyman (1977-78) state that "feminist therapy is not a new technique but rather a new orientation and philosophy that determines the nature of the therapeutic relationship" (p. 545). Central to this philosophy is the belief that wife battering is a result of the subordination and devaluation of women in our society. Violence against women is seen as the most overt form of control men use over women within a structure where the unequal distribution of power is based upon gender (Bograd, 1984). Arising out of this philosophy, treatment of the battered woman

involves several tasks which together constitute "resocialization of women" (Hartman, 1983, p. 135). The overriding task in therapy is the "development of healthy, fully functioning individuals who are not limited, confined, or defined, by sex role stereotypes" (Ball and Wyman, 1978, p. 545). To this end, there are a number of related goals including fostering a sense of empowerment and autonomy, increasing self-esteem, reducing guilt and self-blame, clarification of needs, teaching self-nurturing and self-loving skills, developing assertive behaviors, increasing feelings of self-control, and reducing feelings of helplessness. Some of the techniques used to achieve these goals are borrowed or modified from other therapies. Skills which distinguish feminist counselling from other approaches include providing behavioral feedback based on observation rather than interpretation, conveying the positive value of female attributes, looking at the restraints on women's behavior in society, identifying myths about battering prevalent in society, and using self-disclosure where the counsellor reveals her own personal philosophy, values and relationship to abuse (Russel, 1984). Since within feminist counselling the client is seen as being the expert on her experiences, feelings, and needs, the role of the therapist involves validating the client's experience and sense of self. To this end, Pressman (1984) lists five values or beliefs that she feels counsellors must hold to be successful in working with these women.

1) No behavior of any woman justifies or provokes violence. No woman ever deserves to be hit, pushed, shoved, kicked or physically hurt in any way.

2) Women are not masochistic and in no way do they derive any pleasure from being physically hurt or threatened.

3) A major contributing factor to women remaining in battering relationships is the endorsement and teaching by our social institutions that women belong in the home, are less competent than men to succeed in the work force, should defer to the dominance of their husbands and should be the primary emotional support of the family.

4) In counselling, the problems of the marital relationship cannot be the initial focus. Until all family members are safe, it is too dangerous to discuss problems of the family or the relationship other than the violence.

5) Anyone working with battered women must provide role models of competent, successful, assertive women. (Pressman, 1984, p. 44)

Some authors (i.e., Walker, 1985) feel that unless a feminist orientation is used when developing treatment programs, counsellors will continue to perpetuate family violence and re-traumatize the victims.

Although not essentially so, feminist counselling is commonly done in the context of a group. Sometimes the group leader is a professional. However, more often than not, she is a layperson who has herself been involved in an abusive situation. Hartman (1983) describes in detail a self-help group that illustrates some of the fundamental aspects of the feminist group process as applied to battered women. Hartman states that the goals of therapy involve "fostering autonomy, a sense of empowerment and responsibility, a mastery over the environment and improved self image" (p. 135). Leaving or not leaving the violent relationship is not considered to be the issue. Rather, the primary purpose of the group is to ensure that women take the necessary steps so that they will no longer be victims of abuse. To this end, the group method of treatment is considered to be useful in several ways. First, joining the group in and of itself serves to break the isolation typical of this population. Second, by attending the group, the woman finally divulges her long-kept secret that she is in an abusive relationship. Third, the group, by facilitating sharing and emotional support, gives a sense of hope. Finally, the group experience allows for different levels of participation: listening, observing, talking about one's own problems, or helping others. Having this choice is considered empowering to women. Out of the self-help group described by Hartman, women are thought to move through six stages of growth. In the first stage, the women are encouraged to focus in on their own feelings and behaviors which helps to break lifelong patterns of other-directedness or dependence. In the second stage, within an atmosphere of unconditional acceptance, women come to develop heightened levels of self-

esteem. With a new sense of self-worth, in stage three, women are able to develop a protection plan. Although the expression of emotions and the recounting of experiences take place in all stages, in stage four, a more intense period of catharsis takes place after the women's protection plans are completed and the physical assaults have ceased. Stage five involves promoting autonomous behavior and the development of support systems. Assertive skills are taught with the hope that these new behaviors will begin to be utilized outside of the group setting. Finally, in stage six, the group is involved in discussion of other important issues such as "sexuality, communication styles, work-related issues, friendships, family of origin patterns, shame, incest, and child rearing" (Hartman, 1983, p. 144). Leadership of the group is in the hands of a professional and a layperson, both women.

Although generally little energy has been put into evaluating the effectiveness of the feminist counselling approach, at least on a formal basis, a recent report indicates some effort in this area. Bowker and Maurer (1986) report on a national survey (N=1000) of battered women who made subjective ratings of the counselling services that had been provided to them. In particular, this study focused on determining the relative efficacy of feminist self-help groups, social service/counselling agencies and clergy. Results indicated that the self-help groups were reported to be most effective, followed by social service/counselling agencies and then, as a distant third, clergy. Despite this outcome, self-help groups were also found to be the least utilized because of their low accessibility to battered women. Bowker and Maurer report that their findings suggest that more funding should be directed to women's groups rather than traditional agencies. Unfortunately, the nature of this research leaves many variables uncontrolled and thus, suggests that such conclusions be made on a very tentative basis at this time.

This review suggests that the feminist perspective has been an important influence in the treatment of battered women for a variety of reasons. First, it highlights the need to consider the power inequalities in our society, and the powerful but negative contribution sex-role stereotypes have had in regard to the problem of wife abuse. Changing beliefs inherent in the traditional feminine role is suggested. Second, the feminist approach has focused on the usefulness of

providing treatment in a group format with women who have shared a similar experience. Third, this approach emphasizes the need to have a facilitator who is a role model of a competent assertive woman.

Although this later point is recognized as vitally important, it is the writer's opinion that this emphasis is too narrow. In reviewing this literature, the role that a male can play in the treatment of battered women is conspicuously absent. There is the clearly stated belief on the part of Hartman (1983) and other feminist counsellors that therapy must be provided by women and women only. However, in terms of the basic philosophy of this approach, this would appear to be a contradiction. If the overriding goal of therapy, as it has been stated by Ball and Wyman (1977-78), is to create an individual who is not limited by sex role stereotypes, then it would seem that at some point in therapy, these women need to be exposed not just to a competent assertive female but also to a male or males who do not fit what they have experienced as a male. Battered women would seem to benefit from a sensitive male therapist who does not fit the traditional male sex role stereotype. Challenging their picture of males as being aggressive and abusive may be just as important as overcoming their view of a woman's role as passive and dependent.

Family Systems Treatment Approach

In marked contrast to the feminist counselling approach is the systemic treatment approach to wife battering. Several authors (Bedrosian, 1982; Traicoff, 1982; Weitzman and Dreen, 1982; Cook and Frantz-Cook, 1984; Weidman, 1986) have attempted to describe treatment of the abusive couple using a systemic framework. However, as with the feminist counselling perspective, the literature does not contain much in the way of reports which attempt to evaluate its effectiveness.

Cook and Frantz-Cook (1984) state that one of the major assumptions of this approach is that violence between spouses in a family is the "major symptom of a 'stuck' relationship" (p. 83). Thus, within this view, the violence-prone couple forms a battering system (Weitzman and Dreen, 1982) and each member of the couple is considered to be playing a part in maintaining the vicious cycle of violence.

Traicoff (1982) presents several common characteristics of these battering relationships. First, they are considered closed systems, where a tight boundary is formed between the family and the outside world. Second, they have been found to have strong inflexible family rules. A common rule is that of secrecy, particularly in regard to the violence that is occurring in the family. Third, boundaries and roles within the family are considered very unclear. For example, expectations for other family members are either unstated or inappropriate. Fourth, communication is considered to be indirect with particular difficulties in the expression of feelings other than anger.

Pressman (1987) further differentiates the structure of the family in a well-functioning non-abusive home from the abusive family structure. Whereas in the non-abusive family, the functions of the parents are distinct and unique from those of the children and the parents are in a position of authority, Pressman has found that in the abusive family the mother is "rigidly relegated to the position of child" (p. 46). Children, in turn, take on the role of nurturer for their mother, which is considered a parental role in the well-functioning family.

A systemic approach to treatment is seen as valuable because it can provide interventions which can "break the homeostatic cycle that maintains the violence" (Cook and Frantz-Cook, 1984, p. 87). To this end, Cook and Frantz-Cook present a comprehensive approach to treatment which, as outlined, has seven major components. In the first phase of assessment and history taking, the therapist looks at the problem and at the events that lead up to specific violent episodes to try to both reveal patterns and determine the purpose that the violence serves in the relationship. The second and third phases involve the development of a protection plan and the negotiation of an agreement to be non-violent with the batterer. In phase four, activities that encourage individuation and independence are suggested. To this end, each member of the couple is encouraged to engage in either group or individual therapy, focusing on skills training, including assertive training, anger management, and education in the effects of patriarchal values in society. Working with the couple in phase five, the therapist focuses on assessing if there are relationships in the couple's families of origin which represent coalitions and may therefore play a

part in sabotaging changes in the couple's system. In phase six, a more extensive investigation of what function the violence plays in maintaining the system is undertaken. The therapist further hypothesizes regarding the typical pattern of the cycle of violence. Finally, in phase seven, the couple receives coaching regarding alternative responses available to them. Interventions at this level involve:

> (1) coaching differentiation moves (encouraging either or both spouses to behave differently with his/her parents); (2) prescribing behaviors designed to block one or more parts of the cycle (encouraging either or both spouses to indicate his/her needs directly and to alter the usual response); (3) assigning tasks which may shift the balance of complementarity (encouraging either or both spouses to make some independent moves). (p. 91)

Cook and Frantz-Cook state that instead of seeing these phases as distinct or following in a linear fashion, they should be conceived of as "layers of treatment" (p. 92).

Weidman (1986) describes a treatment program similar to Cook and Frantz-Cook (1984). Treatment typically involves twenty conjoint sessions and interventions focus on six major targets.

1. Anger and stress management
2. Positive expression of anger
3. Problem solving
4. Positive interaction and relationship
5. Patterns of interaction, relationship process, and affect
6. Values, expectations, and jealousy (Weidman, 1986, p. 217).

Specific issues addressed in regard to relationship issues include patterns of violence, dependency, enmeshment, individuation, projection of responsibility and blame, disallowal of autonomy and rigid expectations for self and others. Although no formal followup and evaluation of the program have occurred, Weidman states that his impressions after a year indicate that most of the men were no longer violent toward their wives.

Bedrosian (1982) suggests that in violent families a frequent problem is the presence of "diffuse spouse subsystem boundaries" (p. 125). Appropriate interventions then include scheduling one to one time between spouses to build intimacy, constructing a shared peer support network, encouraging teamwork in solving child-rearing and extended family difficulties, inoculating spouses against irrational anxiety regarding their children, maintaining regular periods of disengagement from children, and identifying the costs of triangulation.

Weitzman and Dreen (1982) provide a more detailed description of what they see as the essential elements of the treatment process from a systemic perspective. They put forward the hypothesis that violence erupts out of a battle for power, where the wife tries to establish some level of control which typically lies unilaterally in the hands of the male. These authors feel that it is the therapist's task to "establish the point at which the complementary status shifts to one of symmetry and the homeostatic processes begin" (Weitzman and Dreen, 1982, p. 264). This is done by making a behavioral assessment of the violent incident which brought the couple to therapy. When the interaction pattern is understood, the therapist explains the cycle to each partner and behavioral directives are used to encourage new and more productive interactions.

In addition to these programs, several articles have illustrated the application of the systemic treatment approach to individual wife abuse cases (Goodrich, Rampage, Ellman, and Halstead, 1985; Krugman, 1986; Bograd, 1986b; Shapiro, 1986).

In discussing the systemic treatment of battered women, mention must be made of the criticisms this approach has elicited among many particularly feministic-oriented mental health workers in the area (Bograd, 1984; McIntyre, 1984; Bograd, 1986a). Bograd (1984) suggests that " in [both] theory and practice, family systems approaches to wife battering contain biases against women" (p. 558). First, by virtue of the very focus of systems theory on interactional sequences, family therapists can take away the male's responsibility for his own actions and therefore, shift the blame to the wife. The feminist position in this regard is clearly at odds with this formulation. It states that the responsibility lies solely in the hands of men for their violence. Bograd states, "Family therapists sometimes appear unwilling to acknowledge that some battered women are

innocent victims whose sole 'collaboration' was standing within arm's reach of their husbands" (p. 562). Second, by viewing violence as (a) one of many problems in a troubled marital system, (b) a sign of an underlying systemic dysfunction, or (c) a homeostatic mechanism for maintaining the system, systemic models effectively minimize the violence. Third, Bograd feels that the very language of systems theory, such as the terms "violent couple" or "battering system" serve to cover up the reality of the battering--that it is the husbands who are violent and the wives who are the victims. Fourth, systems models, by using conjoint therapy as their principal treatment mode, ingrain in their very structure the belief that the male's battering is a problem of the couple. In addition, it puts the wife at risk of retaliation from her husband for what she discloses in therapy and thus, compromises the therapeutic alliance. Fifth, when battering is not viewed within the wider context of society, which many family therapists fail to do, then battering tends to be seen as a rare phenomenon which occurs in deviant couples characterized by dysfunctional family structures. The feminist view, in contrast, posits that battering "is due more to the power inequality that is the context of almost all marriages" (Bograd, 1984, p. 563). Bograd (1986a) states that "family therapists have not adequately extended their analyses to view the family as a system embedded in a larger system" (p. 47). Until this power inequality in the marriage and in society is addressed, feminists feel that the likelihood of male coercion and domination remains. In a similar vein, McIntyre (1984) writes:

> It is disappointing . . . to discover that systems theory, at least as it has been translated into the clinical literature, merely replicates the reductionistic accounts that have been previously identified. Ostensibly it no longer focuses on, nor blames, an individual, man or woman; rather it re-locates 'blame', onto the interaction between the couple. The woman in this account is no perpetrator; but she is certainly not a victim; her status is redefined, this time as co-conspirator. (p. 253)

However, McIntyre argues that mutual participation in the violence is only possible if both members of the couple have equal power in determining the outcome of an interaction. This assumption, however, can only be considered true if one ignores society's oppressive sexist

norms. Systemic models have not recognized these and thus, it is felt, will continue to victimize the woman. McIntyre strongly criticizes conceptualizations such as that by Cook and Frantz-Cook (1984) who have suggested that battering should be reframed by the therapist as a means by which couples experience closeness. Through interventions like this, she feels that women are even more deeply implicated in the violent behavior, while the male's responsibility is diminished.

As a result of these kinds of criticisms, some programs reported in the literature seem to have made modifications which do not appear to fit within a purely systemic framework. For example, both Cook and Frantz-Cook (1984) and Weidman (1986) have stressed the need for the development of a protection plan, which has traditionally been considered important within the feminist literature. As well, Benedek (1981) and Taylor (1984) have suggested that it may be necessary to see the couple separately at least initially, if recurring violence is considered a problem. McIntyre, however, sees these kinds of modifications as little more than "concessions" (p. 255), and questions how they are reconciled theoretically within a systemic framework.

Despite these criticisms, the systemic approach has contributed to the treatment of battered women in at least a couple of important ways. First, by stressing the interactional nature of the battering relationship, it has stressed the fact that women are not totally passive participants in the abuse. This does not necessarily imply that these women cause the abuse, although opponents of the systemic approach have criticized such an implication. It suggests that some women have the power to alter their relationship if they are taught new ways of interacting with their partners. Second, this approach has revealed the importance of engaging both members of the couple in therapy at some point in treatment if the battered woman has the intention of returning and committing herself to the relationship.

Cognitive-Behavioral Approach

Despite the long-standing tradition of feminist counselling in the treatment of battered women, and the inroads made with the systemic treatment approach, still it is the social learning models which are most developed and most accepted (Cook and Frantz-Cook, 1984). A wide diversity of treatment programs are described in the literature that have arisen out of the cognitive

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Cognitive-Behavioral Approach

Despite the long-standing tradition of feminist counselling in the treatment of battered women, and the inroads made with the systemic treatment approach, still it is the social learning models which are most developed and most accepted (Cook and Frantz-Cook, 1984). A wide diversity of treatment programs are described in the literature that have arisen out of the cognitive-

behavioral theoretical orientation. However, several common assumptions appear to underlie these. First, both verbal and physical abuse is considered to be learned just as other behaviors are learned, and are not considered a result of a personal or moral defect in the individual (Taylor, 1984). Neidig, Friedman and Collins (1985) state that "when abuse is conceptualized in terms of a disease process, an automatic reflex response pattern, an inherited trait, or as a function of severe individual psychopathology, both [members of the couple] are relieved of responsibility and positive change is unlikely" (p. 196). Thus, when conceptualized as learned behavior, the male is not only forced to take responsibility for his abuse but the couple gains a new hope that change is possible. A second common assumption within cognitive-behavioral based treatments is the idea that abusiveness escalates if not treated. Margolin (1979) suggests that "social learning theorists . . . predict that the more frequently coercive behaviors are performed by one spouse, the more likely that they will become a standard part of the behavioral repertoire for both that individual and his/her partner" (p. 14). A third assumption that appears to be common to cognitive-behavioral models is the idea that abusiveness is a function of specific skill deficits on the part of the couple. Anger release is thought to be sustained and intensified by stress, inadequate problem solving, poor communication skills (i.e., lack of assertion) and poor anger management techniques. Thus, to a greater or lesser extent, programs within this framework focus on areas such as stress and anger management, instruction in assertive communication skills, and the acquisition of more effective problem solving skills. Although the behavior change is emphasized, some programs have also stressed the importance of cognitive restructuring, as will be discussed in more detail later. Unlike the two other approaches reviewed to this point, within the cognitive-behavioral model, attempts have been made to implement formal evaluations of program effectiveness. Although several programs developed in the late seventies (Saunders, 1977; Geller and Walsh, 1977-78; Margolin, 1979) which utilized cognitive-behavioral principles failed to have a formal evaluative component, more recent articles have made attempts in this direction.

This more recent literature will be discussed in more detail in regard to procedures, treatment format, program goals, evaluation and outcome statistics.

Taylor (1984) presents a treatment model which best exemplifies the cognitive-behavioral approach to wife abuse. Specifically, he states that the treatment he describes is based on a "learned aggression model of relationship violence" (p. 11). Treatment focuses on the couple and involves a three-month weekly program of conjoint therapy which is based on five fundamental concepts. First, abuse is considered a learned behavior and therefore, it is felt that new, more constructive expressions of anger can also be learned to replace the inappropriate expressions. Second, although abusive behavior initially is believed to stem solely from the abuser, over time an abusive system is thought to develop. Thus, the abuser continues to learn and refine the abusive role and the partner continues to learn the victim role. Third, the chances of aggressive displays are felt to increase by heightened levels of stress and by one's own abusive internal self-dialogue. Fourth, it is believed that abusive behavior is often an attempt to overcome feelings of powerlessness and low self-esteem. Abusiveness, in turn, is seen to magnify these feelings in both the batterer and his victim. Fifth, abusiveness is thought to both arise from and be increased by inadequate problem solving skills. Based on these five concepts, Taylor outlines an eight-stage treatment format which focuses on areas including stress and anger management, instruction in assertive communication skills, and the acquisition of more effective problem-solving skills. In Taylor's treatment of 50 couples, he reports that 65 percent had no new violent incidents on a six-month followup. This statistic is somewhat less impressive when one considers that he selected only couples with mild and moderate levels of abuse prior to treatment.

Another frequently cited program reported by Neidig, Friedman and Collins (1985) is aimed at eliminating violent behavior between abusive couples in military families. As described, the Domestic Conflict Containment Program (DCCP) has both a cognitive-behavioral and systemic orientation and contains six basic principles. Principle one, overriding all other considerations, suggests that the primary goal of treatment is to eliminate the violence in the home. Principle two states that violence is never justified, although anger and conflict are considered normal elements of life. Principle three states that abusiveness is learned behavior and thus, can be controlled. Fourth, abusive behavior is considered a relationship issue and neither partner alone can be

considered victim or abuser. The fifth principle states that violence may be effective in establishing relationship change in the short run but is almost always self-defeating in the long run. Finally, principle six states that abusiveness tends to escalate if not treated. With these principles guiding treatment, the program consists of weekly, two-hour group sessions where six to eight couples meet for ten weeks. Since violence is considered primarily a function of specific skill deficits on the part of the couple, the group focuses on skill acquisition through direct instruction, behavioral rehearsal and behavioral feedback. Neidig (1986) reports more specifically on the evaluation of this program. Evaluation consisted of a variety of measures including pre- and post-program administration of the Nowicki-Strickland Locus of Control Scale, the Dyadic Adjustment Scale (DAS) and followup telephone contacts with both members of the couple to establish whether or not subsequent violent episodes have occurred. Results indicated significant positive changes on the Locus of Control Scale (i.e., more internal) and on three of four measures of the DAS. As well, Neidig, Friedman & Collins (1985) report that 87 percent of the program participants were non-violent on a four-month followup. These statistics may be inflated, however, because of possible lack of candor during the followup telephone contacts and because followup was only possible with men who had remained in the service, these being the males who were more likely to have been successful in the program.

Despite Neidig's efforts toward a comprehensive program evaluation, his work has not gone without criticism in the literature. Edleson (1984), responding to an article written by Neidig (1984), strongly rejects Neidig's contention that violence is a transactional phenomenon. Edleson writes "to say that a man's use of violence against a woman is 'interpersonal' or 'transactional' is not much different from saying the rape of a woman by an acquaintance is an 'interpersonal' issue that concerns both the male and female in shared responsibility" (p. 484). Pence (1984) further criticizes the validity of Neidig's evaluation. She feels that because Neidig was working with a military population where violent re-offending following treatment resulted in military discharge, his outcome figures were subject to an intrinsic bias.

Deschner, McNeil and Moore (1986), also using a social learning orientation, describe a treatment which is somewhat unique in its program format. Sessions are in the form of groups, however, they have two discreet aspects. In the first half of the session, women and men meet separately, which is hoped to facilitate same-sex bonding and enhance the likelihood of open discussions and the expression of emotion. In the second half of the session, men and women join to form a single large group where they receive lectures on topics including timeout, consummatory habits and stress, relaxation and stress reduction, self-talk and cognitive realignment, asserting and listening, and methods of dealing with the anger of others. Deschner, McNeil and Moore report that an independent evaluation done a year or more after treatment found that 85 percent of the clients contacted reported no violent incidents. Unfortunately, Deschner & McNeil (1986) state that this estimate may be non-representative of the true success rate because half of the participants could not be located in the followup. These are likely to be the more conflicted families. Also reported in regard to outcome, program participants were found to have significantly fewer arguments, lower anger levels and more satisfactory marriages than before treatment.

Another counselling program which is primarily cognitive-behavioral in nature although also has feminist overtones is outlined by Harris (1986). Harris described Lenore Walker's early model of counselling violent couples, stating that it has proven very useful in her work despite the fact that Walker herself (Walker, 1984) has abandoned this model. Unique to this approach is the way interactions between the couple are controlled. Walker (1979) believes that before therapy starts, the couple should be living apart, and the initial sessions are always individual in nature with same-sex co-therapists. Later in therapy, conjoint sessions are introduced. However, to diffuse anger and to reduce blame, communications are structured to allow only certain patterns, particularly between the same-sex dyad instead of the opposite-sex partner. Over several sessions, depending on progress in therapy, this structure is then slowly altered to become less rigid. Harris states that this model differs from traditional couples or family therapy in that (a) survival of the relationship is considered secondary, (b) communication exchanges are limited, (c) individual

sessions are used extensively, and (d) a cognitive-behavioral skills training approach is emphasized as violent incidents begin to abate. In particular, mention is made that within this approach, Rational Emotive Therapy is utilized to demonstrate to clients how each partner's beliefs affect both their own actions and those of their partner. Harris reports a 73 percent success rate with treatment, however, the criteria for success are not clearly delineated.

The rationale and techniques of these social learning models of battering have not been free from debate despite what might appear to be impressive outcome figures. Cook and Frantz-Cook (1984) suggest that these models suffer from the "limitations of linear thinking when applied to human relationships that are as intensely interactional as a marriage" (p. 85). These authors further state that:

> ....While there is much in these models that is useful for the initial phases of treatment, especially with the men and women separately, they are inadequate as explanations for the recurrence of the cycle or for treatment that is directed at interrupting and terminating the cycle of abuse. (p. 85)

Other authors (Meyers-Abell and Jansen, 1980; Jansen and Meyers-Abell, 1981) have reported specifically on the utilization of assertive training with battered women. The program described in these two articles has a group format with sessions held three times a week for two hours. Since women participated in the program only as long as they stayed at the shelter in which the group was offered, the program length as well as numbers of participants varied considerably. Each session consisted of an initial phase for group sharing of experiences regarding current and past events related to the abuse and other everyday issues. Discussion of alternate assertive responses to problem situations brought up in the first phase then followed. In the last part of the session, formal presentations were made relating to the principles of assertiveness. At the end of each session, assignments were given encouraging assertive responses in interpersonal situations. The authors note that "assertive training for battered women that does not address the problems of women who have never felt worthwhile and secure in their own behavior is worthless

at best and harmful at worst" (Jansen and Meyers-Abell, 1981, p. 165). No evaluation of the effectiveness of the program is reported.

The value of assertive training in the treatment of the battered woman, has as well not gone without criticism. O'Leary, Curley, Rosenbaum and Clarke (1985) report that in many instances, teaching assertive training, which is a common component in many cognitive-behavioral based programs, is not just nonproductive but is potentially hazardous. They report that data collected by Rosenbaum and O'Leary (1981) suggest that nonassertion on the part of the wife in abusive relationships may be quite functional, and that assertion may serve to elevate existing abuse. In light of this evidence, O'Leary, Curley, Rosenbaum & Clarke suggest that if possible, husbands should also be involved in the same training. If this is not possible, the clinician should be very careful to teach the true difference between assertion and aggression. In all cases, it is felt necessary to advise the woman as to the potential risks of being assertive in her relationship, so that she can make an informed decision whether or not to learn or use the techniques.

An article by Follingstad (1980) reports on a treatment program which would appear to bear considerable relevance to the existing research project. This program which is run on an individual client basis can be broken down into three major stages. In the first stage, an assessment is made of the woman's life situation and the pattern of abuse. Emotional expressions are encouraged and goals are delineated. Stage two consists of both identifying and modifying those faulty beliefs which in some way perpetuate the abuse. Each belief is examined to determine how clear it is delineated, how the belief became established, current information which maintained the woman's belief, the consequences of her belief, the appropriateness of the belief, and whether it was necessary to maintain the belief in its present form. When the client successfully modifies her faulty beliefs, she is ready for the next stage, which is the development of a repertoire of coping skills for dealing with her abusive situation. Thus, this article clearly recognizes the need for cognitive restructuring before behavioral changes are made, particularly if they require drastic change (i.e., leaving the relationship). Outcome data for the single case study

presented indicates that the client successfully achieved independence and that the MMPI profiles pre- and post-therapy showed significant positive personality changes.

This review of the literature on cognitive-behavioral models indicates that although the need for evaluation and outcome statistics is acknowledged and addressed in many of these programs, still many inadequacies exist. Attempts at evaluation have consisted largely of followup data on program participants regarding the re-occurrence of violent events. Although this is a very important measure of program success, several factors may reduce the validity of these statistics. First, when batterers have little access to their wives, because the women are in a shelter or the couple is temporarily separated, cessation of abuse cannot be considered a viable program outcome measure. Second, unless followup information is obtained from both the battered women and her partner separately, the wive may feel threatened by giving an accurate report in the batterers presence if she is still being abused. Third, as denial lessens through the course of therapy, as is typically the case, reported abuse may be higher with no changes in the actual level of abuse. Under these circumstances, reported abuse may not be a valid measure of program outcome.

Pre-test and post-test measures of psychological variables including locus of control, marital satisfaction, anger, and conflict levels have also been used to assess overall program success in a few of the programs (Deschner, McNeil and Moore, 1986; Neidig, 1986). This trend certainly appears valuable, however, such a research methodology leaves open many threats to internal validity. Researchers must be prepared to rule out the many competing explanations for the results that are inherent in this kind of research. Campbell and Stanley (1963) outline these threats to internal validity in detail. The nature of this population makes the use of a true experimental methodology, with random assignment of subjects to groups, difficult if not impossible.

The cognitive-behavioral approach has been important in the overall development of programs for battered women for several reasons. First, as has been discussed, this approach has stressed the need for using objective measures to determine program effectiveness.

Second, by emphasizing the role of learning in the development of abusive behaviors and victim behaviors, it provides for an optimistic view regarding change. The underlying assumption is that new skills and behaviors can be learned. As well, and particularly relevant to the present research project, this approach suggests that how the battered woman thinks (i.e., her beliefs) influences her emotions and behavior. Thus, attacking self-defeating or faulty beliefs would be considered an important strategy for changing behavior. Although other approaches also suggest changing thought processes (i.e., feminists encourage refuting myths), inherent in the cognitive-behavioral approach is a number of psychological techniques that can be utilized on a systematic basis to effect such changes. To date, the potential benefits of this approach have received little consideration.

Other Treatment Approaches

Some of the more innovative approaches to treatment which do not clearly fit within the frameworks discussed to this point will be briefly described in this section.

In an interesting article, Turner and Shapiro (1986) discuss what could be called "grief" therapy with battered women. This approach stresses the need to help women both to articulate the losses they have or will experience if their relationship with the batterer ends, and to work with the very natural grief that accompanies such a loss. Turner and Shapiro further explain this loss as manifesting in at least three major areas: loss of their idealized relationship, role loss, and loss of what little security the relationship provides. These authors state:

> ....Because society does not perceive that leaving an abusive situation involves losses, the battered woman may not identify her feelings as those associated with mourning. Nevertheless, such feelings often are felt deeply and, if not acknowledged and responded to appropriately, can be a factor in a woman's decision to return to her abusive partner. (Turner and Shapiro, 1986, p. 374)

To further understand this process and the accompanying feelings, Turner and Shapiro use the framework of Kubler-Ross to describe the stages of mourning. These include denial, anger,

bargaining, grief and acceptance. The treatment interventions appropriate at each of these stages are discussed more fully in this article.

Another interesting perspective used to treat the battered woman is presented in an article by Weingourt (1985), who uses existential group therapy as the primary treatment modality. Therapy is conceptualized as a two-stage process. In the first stage, a crisis-oriented approach is utilized in which emotional and informational support are provided. In stage two, where the therapy process is considered to be more insight-oriented, an existential model is felt to be a very useful framework in which to view the problems and concerns of the abused woman. Within this model, death anxiety is seen to be a major conflict that every battered woman must deal with in order to rebuild her life. Strongly tied to this fear of death is an associated fear of being alone. These authors feel that most battered women are the "products of emotionally deprived childhoods" (p. 26), either because they were abused, witnessed their mothers abused or because of incestuous relationships in their childhood. As a result, they emerge from these experiences with a strong sense of vulnerability, insecurity, low self-esteem and most particularly, a fear of being alone in the world. Thus, these women see their own survival in a lonely and dangerous world as depending on finding a protector. However, in fusing with this stronger person, the woman relinquishes the opportunity to develop her own strengths. She fears separation even if she is battered within this relationship because this would mean that she would have to face both life and death alone. In light of this scenario, one of the major tasks of therapy in this approach is to help these women confront the myth of their own helplessness and reinforce the message that they are responsible for both their own past and their future. The group is thought to provide support in this process and to lead to increased self-understanding and realistic goal setting.

Based on the idea that women who have been in abusive relationships can be more aptly characterized as "survivors" rather than "victims", Campbell (1986) describes the functioning of a "survivor group" for battered women. Recognizing the strengths of survivors of violent incidents, this approach follows three basic principles. First, the principle of "affinity" recognizes the

importance of the joining of people who share a particular personal experience. Second, the principle of "presence" suggests that all members of the group, including the therapist, are equally responsible for the process and thus, are mutually open to its impact. Third, the principle of "self-generation" suggests that within this process, there are no pre-determined topics or themes. These are thought to arise naturally out of the interaction of the participants. The author further reveals the nature of the themes that have arisen within the group but this is beyond the scope of the present discussion.

Another interesting approach described by Whipple (1985) involves the application of Reality Therapy to the treatment of women in domestic violence shelters. Given that many battered women are unable to fulfil the four basic needs (i.e., belonging, recognition, fun and freedom) identified by Reality Therapy, the major goal of therapy is to teach these women better ways to fulfil their needs. This is done through the application of the eight principles which characterize Reality Therapy. Essentially what this involves is helping these women to recognize that their current behavior is failing to fulfil these essential needs and helping them to plan more effective ways to meet these needs.

Bowen (1982) and Ibrahim and Herr (1987) have directed attention to the special needs of the battered woman and how these needs influence career counselling in this population. In particular, Ibrahim and Herr discuss a "developmental life-career counseling perspective" (p. 244) which is worth further consideration. In looking at the psychosocial characteristics of these women, the authors have developed a counselling perspective which attempts to overcome two variables: (a) the poor self-concept of these women which keeps them psychologically dependent on the abuser, and (b) their limited vocational development which keeps them economically dependent. To this end, Ibrahim and Herr propose an eight-phase counselling program. With the exception of the second phase of counselling, a group format is utilized throughout the eight phases of the program. This counselling perspective is felt to be applicable to women who have either left their abusive relationships or who have made the decision to leave.

The emphasis that this model places on the need for vocational guidance for these women cannot be underrated. Despite the fact that choosing a career is only one of many concerns of the battered woman who is leaving her marriage, and is of seemingly small importance in comparison to her psychological needs, economic survival is an unavoidable reality for women who lack these resources. Economic dependence is considered to be one of the leading reasons why women remain in violent relationships (Strube and Barbour, 1983). As well, the article by Ibrahim and Herr (1987) highlights the fact that vocational counselling done without consideration of the psychosocial characteristics of battered women would likely be of limited success. Women with a poor self-concept, for example, are going to have a particularly difficult time developing a healthy vocational self-concept. Thus, the need to provide support and enhance self-esteem as an integral aspect of career counselling with the battered woman is made clear in this article.

A very revealing article by Pressman (1987) which is particularly relevant to the present research describes the utility of family-of-origin therapy in the treatment of wife abuse. Family-of-origin therapy in this population recognizes the high proportion of abusive couples who have grown up in violent homes, either seeing or experiencing the abuse. Pressman sees this perspective as providing a better understanding of the dynamics of wife abuse, improving diagnosis and enhancing the treatment of both the woman and her abusive mate. Pressman writes:

> Reviewing family-of-origin histories and family-of-origin patterns helps both abused men and abused women reassess the benefits and shortcomings of their childhood learning, helps them reexperience and resolve the hurt and anger generated by early experiences, increases their understanding of the needs and expectations ascribed to men and women, and affords them the opportunity to form new beliefs and new family patterns. (p. 55)

Thus, a large part of therapy involves challenging the rules and societal myths that predispose battered women to remain in abusive relationships.

Summary

This review of the literature on treatment available for women in abusive relationships clearly highlights the diverse range of approaches being utilized. In the early 1970s, psychoanalytic theories regarding the masochistic needs of battered women and treatments based on this notion were refuted, with the application of a feminist perspective to the plight of the battered woman. In the late seventies and early eighties, along with a variety of practical and typically atheoretical treatment literature (Heppner, 1978; Rounsaville, Lifton and Bieber, 1979; Hilberman, 1980; Wetzel and Ross, 1983), came the application of cognitive-behavioral and systemic models to this population. Now in the late 1980s, treatment programs in part appear to be moving toward more of a blending of techniques and models. At the same time, new theoretical approaches are being applied to create more innovative programs which are based on a growing knowledge of the needs and characteristics of battered women and their abusive mates.

Although the literature has provided often lengthy descriptions of treatment goals and assumptions and, to a greater or lesser extent, the format and techniques utilized in these programs, with few exceptions, only in programs of the cognitive-behavioral orientation has much effort been put into formal program evaluation. Where evaluations have been made of program efficacy, these evaluations have focused on the programs in their entirety, and no attempt has been made to establish what components of a program may be contributing to this success. This is an important concern since many programs are somewhat of a hodge podge of techniques which do not clearly fit into one overall theoretical orientation. A need clearly exists to evaluate the effectiveness of individual treatment components to establish whether they warrant inclusion in existing treatment programs. One treatment component worth evaluation is the effect of challenging the dysfunctional beliefs of these women. This review indicates that challenging self-defeating beliefs, although not always conceptualized in these terms, is an important aspect of some existing programs (Follingstad, 1980; Harris, 1986; Pressman, 1987). To aid in the evaluation of programs designed to challenge the belief system of battered women would be the development of an assessment tool which could identify which self-defeating beliefs individual women hold. To date no such instrument is available.

References

Ball, P. G., & Wyman, E. (1977-78). Battered wives and powerlessness: What can counselors do? Victimology, 2, 545-552.

Barling, J., & Rosenbaum, A. (1986). Work stressors and wife abuse. Journal of Applied Psychology, 71, 346-348.

Barnes, S. L. (1985). Psychosocial aspects of wife abuse in the United States. Emotional First Aid, 2, 29-36.

Bedrosian, R. C. (1982). Using cognitive and systems intervention in the treatment of marital violence. Family Therapy Collections, 3, 117-138.

Benedek, E. P. (1981). Conjoint marital therapy and spouse abuse. American Journal of Family Therapy, 9, 93-94.

Bern, E. H. (1985). Alcohol use and spousal violence: Implications for social service intervention. Response: Journal of the Center for Women Policy Studies, 8, 12-14.

Bernard, J. L., & Bernard, M. L. (1984). The abusive male seeking treatment: Jekyll and Hyde. Family Relations, 33, 543-547.

Bland, R., & Orn, H. (1986). Family violence and psychiatric disorder. Canadian Journal of Psychiatry, 31, 129-137.

Bograd, M. (1984). Family systems approaches to wife battering: A feminist critique. American Journal of Orthopsychiatry, 54, 558-568.

Bograd, M. (1986a). A feminist examination of family systems models of violence against women in the family. In J. C. Hansen & M. Ault-Riche (Eds.), Women and family therapy (pp. 34-51). Rockville, MD: Aspen

Bograd, M. (1986b). Holding the line. Family Therapy Networker, 10, 44-47.

Bowen, N. H. (1982). Guidelines for career counseling with abused women. The Vocational Guidance Quarterly, 31, 123-127.

Bowker, L. H., & Maurer, L. (1986). The effectiveness of counseling services utilized by battered women. Women & Therapy, 5, 65-82.

Breines, W., & Gordon, L. (1983). The new scholarship on family violence. Signs: Journal of Women in Culture and Society, 8, 490-531.

Brennan, F. A. (1985). Political and psychosocial issues in psychotherapy for spouse abusers: Implications for treatment. Psychotherapy, 22, 643-654.

Campbell, D. T., & Stanley, J. C. (1963). Experimental and quasi-experimental designs for research or teaching. In N. L. Gage (Ed.), Handbook of Research on Teaching (pp. 171-246). Chicago: Rand McNally.

Campbell, J. (1986). A survivor group for battered women. Advances in Nursing Sciences, 8, 13-20.

Cantoni, L. (1981). Clinical issues in domestic violence. Social Casework: The Journal of Contemporary Social Work, 62, 3-12.

Carlson, B. E. (1977). Battered women and their assailants. Social Work, 22, 455-460.

Claerhout, S., Elder, J., & Janes, C. (1982). Problem-solving skills of rural battered women. American Journal of Community Psychology, 10, 605-612.

Coleman, K. (1980). Conjugal violence: What 33 men report. Journal of Marital and Family Therapy, 6, 207-213.

Coleman, K. H., Weinman, M. L., & Hsi, B. P. (1980). Factors affecting conjugal violence. Journal of Psychology, 105, 197-202.

Cook, D. R., & Frantz-Cook, A. (1984). A systemic treatment approach to wife battering. Journal of Marital and Family Therapy, 10, 83-93.

Davidson, T. (1978). Conjugal crime. New York: Hawthorne Books.

Deschner, J. P. & McNeil, J. S. (1986). Results of anger control training for battering couples. Journal of Family Violence, 1, 111-120.

Deschner, J. P., McNeil, J. S., & Moore, M. G. (1986). A treatment model for batterers. Social Casework, 67, 55-60.

Dobash, R. E., & Dobash, R. P. (1977-78). Wives: The 'appropriate' victims of marital violence. Victimology, 2, 426-442.

Dobash, R. E., & Dobash, R. P. (1979). Violence against wives. New York: Free Press.

Dollard, J., Doob, L. W., Miller, N. E., Mowrer, C. H., & Sears, R. R. (1939). Frustration and aggression. New Haven, CT: Yale University Press.

Dutton, D. G. (1984). Interventions into the problem of wife assault: Therapeutic, policy and research implications. Canadian Journal of Behavioral Science, 16, 281-297.

Dutton, D. G. (1985). An ecologically nested theory of male violence toward intimates. International Journal of Women's Studies, 8, 404-413.

Eberle, P. A. (1982). Alcohol abusers and non-users: A discriminant analysis of differences between two subgroups of batterers. Journal of Health and Social Behavior, 23, 260-271.

Edleson, J. L. (1984). Violence is the issue: A critique of Neidig's assumptions. Victimology: An International Journal, 9, 483-489.

Elbow, M. (1977). Theoretical considerations of violent marriages. Social Casework, 58, 515-526.

Ewing, C. P., & Aubrey, M. (1987). Battered woman and public opinion: Some realities about the myths. Journal of Family Violence, 2, 257-264.

Farrington, K. (1986). The application of stress theory to the study of family violence: Principles, problems and perspectives. Journal of Family Violence, 1, 131-147.

Fergusson, D. M., Horwood, L. J., Kershaw, K. L., & Shannon, F. T. (1986). Factors associated with reports of wife assault in New Zealand. Journal of Marriage and the Family, 48, 407-412.

Ferraro, K. J. (1983). Rationalizing violence: How battered women stay. Victimology, 8, 203-212.

Ferraro, K. J., & Johnson, J. M. (1983). How women experience battering: The process of victimization. Social Problems, 30, 325-339.

Finn, J. (1985). The stresses and coping behavior of battered women. Social Casework: The Journal of Contemporary Social Work, 66, 341-349.

Fitch, F. J., & Papantonio, A. (1983). Men who batter: Some pertinent characteristics. Journal of Nervous and Mental Disease, 171, 190-192.

Follingstad, D. R. (1980). A reconceptualization of issues in the treatment of abused women: A case study. Psychotherapy: Theory, Research and Practice, 17, 294-303.

Frazier, W., & Flitcraft, A. (1977). Medical contexts and sequels of domestic violence. Grant application, National application, National Institute of Mental Health, Center for Studies of Crime and Delinquency, Rockville, M. D.

Gayford, J. J. (1983). Battered wives. In R. J. Gelles & C. P. Cornell (Eds.), International perspectives on family violence (pp. 123-137). Lexington, MA: D. C. Health and Company.

Gellen, M. I., Hoffman, R. A., Jones, M., & Stone, M. (1984). Abused and nonabused women: MMPI profile differences. Personnel and Guidance Journal, 62, 601-604.

Geller, J. A., & Walsh, J. C. (1977-78). A treatment model for the abused spouse. Victimology, 2, 627-632.

Gelles, R. J. (1974). The violent home. CA: Sage.

Gelles, R. J. (1976). Family violence. CA: Sage.

Gelles, R. J. (1980). Violence in the family: A review of research in the seventies. Journal of Marriage and the Family, 42, 873-885.

Gelles, R. J. (1985). Family violence. Annual Review of Sociology, 11, 347-367.

Giles-Sims, J. (1983). Wife battering: A systems theory approach. New York: Guilford Press.

Goldstein, D. & Rosenbaum, A. (1985). An evaluation of the self-esteem of maritally violent men. Family Relations, 34, 425-428.

Gondolf, E. W. (1985). Fighting for control: A clinical assessment of men who batter. Social Casework, 66, 48-54.

Goodrich, T. J., Rampage, C., Ellman, B., & Halstead, K. (1985). Angie and Hank: Learning to stop singing the blues. Family Therapy Networker, 9, 50-52, 70-71.

Goodstein, R. K., & Page, A. W. (1981). Battered wife syndrome: Overview of dynamics and treatment. American Journal of Psychiatry, 138, 1036-1043.

Greenblat, C. (1983). Physical force by any other name . . .:Quantitative data, qualitative data, and the politics of family violence research. In D. Finkelhor, R. J. Gelles, G. T. Hotaling, & M. A.

Straus (Eds.), The Dark Side of Families: Current Family Violence Research. Beverly Hills, CA: Sage.

Greenblat, C. S. (1985). "Don't hit your wife...unless...": Preliminary findings on normative support for the use of physical force by husbands. Victimology, 10, 221-241.

Harris, J. (1986). Counseling violent couples using Walker's model. Psychotherapy, 23, 613-621.

Hartik, L. M. (1982). Identification of personality characteristics and self-concept factors of battered wives. Palo Alto, CA: R and E Research Associates.

Hartman, S. (1983). A self-help group for women in abusive relationships. Social Work with Groups, 6, 133-145.

Heppner, M. J. (1978). Counseling the battered wife: Myths, facts, and decisions. Personnel and Guidance Journal, 56, 522-525.

Hilberman, E. (1980). Overview: The "wife-beater's wife" reconsidered. American Journal of Psychiatry, 137, 1336-1347.

Hilberman, E. , & Munson, K. (1977-78). Sixty Battered Women. Victimology: An International Journal, 2, 460-470.

Hiroto, D. S. (1974). Locus of control and learned helplessness. Journal of Experimental Psychology, 102, 187-193.

Hornung, C. A., McCullough, B. C. , & Sugimoto, T. (1981). Status relationships in marriage: Risk factors in spouse abuse. Journal of Marriage and the Family, 43, 675-692.

Ibrahim, F. A., & Herr, E. L. (1987). Battered women: A developmental life-career counseling perspective. Journal of Counseling and Development, 65, 244-248.

Jansen, M. A., & Meyers-Abell, J. (1981). Assertive training for battered women: A pilot program. Social Work, 26, 164-165.

Jones, A. (1980). Women who kill. New York: Holt, Rinehart, & Winston.

Kalmuss, D. (1984). The intergenerational transmission of marital aggression. Journal of Marriage and the Family, 48, 11-19.

Krugman, S. (1986). Challenging the tradition. Family Therapy Networker, 10, 41-43.

Kuhl, A. (1984). Personality Traits of Abused Women: Masochism myth refuted. Victimology: An International Journal, 9, 450-463.

Labell, L. S. (1979). Wife abuse: A sociological study of battered women and their mates. Victimology, 4, 258-267.

Langley, R., & Levy, R. C. (1977) Wife beating: The silent crisis. New York: Pocket Books.

Launius, M. H., & Jensen, B. L. (1987). Interpersonal problem-solving skills in battered, counseling, and control women. Journal of Family Violence, 2, 151-162.

Lester, D. (1980). A cross-culture study of wife abuse. Aggressive Behavior, 6, 361-364.

Levinson, D. (1983). Physical punishment children and wifebeating in cross-cultural perspective. In R. J. Gelles & C. P. Cornell (Eds.), International perspectives on family violence (pp.73-77). Lexington, MA: D. C. Health and Company.

Lewis, B. Y. (1987). Psychosocial factors related to wife abuse. Journal of Family Violence, 2, 1-10.

MacLeod, L. (1980). Wife battering in Canada: The vicious cycle. Hull, Que: Minister of Supply and Services, Canada.

MacLeod, L. (1987). Battered but not beaten . . .: Preventing wife battering in Canada. Ottawa, Ontario: Canadian Advisory on the Status of Women.

Macoby, E. E., & Jacklin, C. N. (1974). The psychology of sex differences. Stanford, CA: Stanford University Press.

Martin, D. (1976). Battered wives. San Francisco, CA: Glide.

Martin, D. (1981). Battered wives. San Francisco, CA: Volcano Press.

McIntyre, D. (1984). Domestic violence: A case of the disappearing victim? Australian Journal of Family Therapy, 5, 249-258.

Meyers-Abell, J. E., & Jansen, M. A. (1980). Assertive therapy for battered women: A case illustration. Journal of Behavioral Therapy & Experimental Psychiatry, 11, 301-305.

Mills, T. (1985). The assault on the self: Stages in coping with battering husbands. Qualitative Sociology, 8, 103-123.

Mitchell, R. E., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. American Journal of Community Psychology, 11, 629-654.

Morrison, R. L., Van Hasselt, V. B., & Bellack, A. S. (1987). Assessment of assertion and problem-solving skills in wife abusers and their spouses. Journal of Family Violence, 2, 227-238.

Neidig, P. H. (1984). Women's shelters, men's collectives and other issues in the field of spouse abuse. Victimology: An International Journal, 9, 464-476.

Neidig, P. H. (1986). The development and evaluation of a spouse abuse treatment program in a military setting. Evaluation and Program Planning, 9, 275-280.

Neidig, P. H., & Friedman, D. H. (1984). Spouse abuse: A treatment program for couples. Champaign, IL: Research Press.

Neidig, P. H., Friedman, D. H., & Collins, B. S. (1985). Domestic conflict containment: A spouse abuse treatment program. Social Casework, 66, 195-204.

Neidig, P. H., Friedman, D. H., & Collins, B. S. (1986). Attitudinal characteristics of males who have engaged in spouse abuse. Journal of Family Violence, 1, 223-233.

O'Brien, J. E. (1971). Violence in divorce prone families. Journal of Marriage and the Family, 33, 692-698.

O'Leary, K. D., Curley, A., Rosenbaum, A., Clarke, C. (1985). Assertion training for abused wives: A potentially hazardous treatment. Journal of Marital and Family Therapy, 11, 319-322.

Overmier, J. B., & Seligman, M. E. (1967). Effects of inescapable shock upon subsequent escape and avoidance learning. Journal of Comparative and Physiological Psychology, 63, 23-33.

Painter, S. L., & Dutton, D. (1985). Patterns of emotional bonding in battered women: Traumatic bonding. International Journal of Women's Studies, 8, 363-375.

Mills, T. (1985). The assault on the self: Stages in coping with battering husbands. Qualitative Sociology, 8, 103-123.

Mitchell, R. E., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. American Journal of Community Psychology, 11, 629-654.

Morrison, R. L., Van Hasselt, V. B., & Bellack, A. S. (1987). Assessment of assertion and problem-solving skills in wife abusers and their spouses. Journal of Family Violence, 2, 227-238.

Neidig, P. H. (1984). Women's shelters, men's collectives and other issues in the field of spouse abuse. Victimology: An International Journal, 9, 464-476.

Neidig, P. H. (1986). The development and evaluation of a spouse abuse treatment program in a military setting. Evaluation and Program Planning, 9, 275-280.

Neidig, P. H., & Friedman, D. H. (1984). Spouse abuse: A treatment program for couples. Champaign, IL: Research Press.

Neidig, P. H., Friedman, D. H., & Collins, B. S. (1985). Domestic conflict containment: A spouse abuse treatment program. Social Casework, 66, 195-204.

Neidig, P. H., Friedman, D. H., & Collins, B. S. (1986). Attitudinal characteristics of males who have engaged in spouse abuse. Journal of Family Violence, 1, 223-233.

O'Brien, J. E. (1971). Violence in divorce prone families. Journal of Marriage and the Family, 33, 692-698.

O'Leary, K. D., Curley, A., Rosenbaum, A., Clarke, C. (1985). Assertion training for abused wives: A potentially hazardous treatment. Journal of Marital and Family Therapy, 11, 319-322.

Overmier, J. B., & Seligman, M. E. (1967). Effects of inescapable shock upon subsequent escape and avoidance learning. Journal of Comparative and Physiological Psychology, 63, 23-33.

Painter, S. L., & Dutton, D. (1985). Patterns of emotional bonding in battered women: Traumatic bonding. International Journal of Women's Studies, 8, 363-375.

Paterson, E. J. (1979). How the legal system responds to battered women. In D. M. Moore (Ed.), Battered women. Beverly Hills, CA: Sage.

Pence, E. (1984). Response to Peter Neidig's article: "Women's shelters, men's collectives and other issues in the field of spouse abuse". Victimology: An International Journal, 9, 477-482.

Pfouts, J. H. (1978). Violent families: Coping responses of abused wives. Child Welfare, 57, 101-111.

Pizzey, E. (1974). Scream quietly or the neighbors will hear. Middlesex, England: Penguin.

Pleck, E. J., Pleck, M., Grossman, M., & Bart, P. (1978). The battered data syndrome: A comment on Steinmetz's article. Victimology, 2, 680-683.

Ponzetti, J. J., Cate, R. M., & Koval, J. E. (1982). Violence between couples: Profiling the male abuser. Personnel and Guidance Journal, 61, 222-224.

Porter, S. J. (1986). Assessment: A vital process in the treatment of family violence. Family Therapy, 13, 105-111.

Pressman, B. (1984). Family violence: Origins and treatment. Guelph, Ont: Canadian Cataloging in Publication Data.

Pressman, B. (1987). The place of family-of-origin therapy in the treatment of wife abuse. Family Therapy Collections, 21, 45-56.

Romero, M. (1985). A comparison between strategies used on prisoners of war and battered wives. Sex Roles, 13, 537-547.

Roscoe, B., & Benaske, N. (1985). Courtship violence experienced by abused wives: Similarities in patterns of abuse. Family Relations, 34, 419-424.

Rosenbaum, A. (1986). Of men, macho, and marital violence. Journal of Family Violence, 1, 121-129.

Rosenbaum, A., & O'Leary, K. D. (1981). Marital violence: Characteristics of abusive couples. Journal of Consulting and Clinical Psychology, 49, 63-71.

Rounsaville, B. J. (1978a). Battered wives: Barriers to identification and treatment. American Journal of Orthopsychiatry, 48, 487-494.

Rounsaville, B. J. (1978b). Theories in marital violence: Evidence from a study of battered women. Victimology, 3, 11-31.

Rounsaville, B., Lifton, N., & Bieber, M. (1979). The natural history of a psychotherapy group for battered women. Psychiatry, 42, 63-77.

Roy, M. (1982). The abusive partner. New York: Van Nostrand Reinhold.

Saunders, D. G., (1977). Marital violence: Dimensions of the problem and modes of intervention. Journal of Marriage and Family Counseling, 3, 43-49.

Saunders, D. G. (1984). Helping husbands who batter. Social Casework, 65, 347-353.

Saunders, D. G. (1986). When battered women use violence: Husband-abuse or self-defense? Violence and Victims, 1, 47-60.

Seligman, M. E., & Maier, S. F. (1968). Failure to escape traumatic shock. Journal of Experimental Psychology, 78, 340-343.

Seligman, M. E. (1974). Submissive death: Giving up on life. Psychology Today, 7, 80-85.

Seligman, M. E. (1975). Helplessness: On depression, development and death. San Francisco, CA: Freeman.

Seligman, M. E., & Hiroto, D.S. (1975). Generality of learned helplessness in man. Journal of Personality and Social Psychology, 31, 311-327.

Shapiro, R. (1986). Passing the buck. Family Therapy Networker, 10, 64-66.

Smith, S, (1984). The battered woman: A consequence of female development. Women & Therapy, 3, 3-9.

Snell, J. E., Rosenwald, R. J., & Robey, A. (1964). The wife beater's wife. Archives of General Psychiatry, 11, 107-112.

Star, B. (1978). Comparing battered and non-battered women. Victimology, 3, 32-44.

Star, B. (1980). Patterns of family violence. Social Casework, 61, 339-346.

Star, B., Clark, C. G., Goetz, K. M. , & O'Malia , L. (1979). Psychosocial aspects of wife battering. Social Casework, 60, 479-487.

Stark, R., & McEvoy, J. (1970). Middle class violence. Psychology Today, Nov, 52-65.

Steinmetz, S. K. (1977). The cycle of violence. Assertive, aggressive and abusive family interaction. New York: Praeger.

Steinmetz, S. K. (1978). Violence between family members. Marriage & Family Review, 1, 1-16.

Steinmetz, S. K., & Straus, M. A. (1974). Violence in the family. New York: Harper, Row.

Straus, M. A. (1973). A general systems theory approach to a theory of violence between family members. Social Science Information, 12, 105-125.

Straus, M. A. (1976). Sexual inequality, cultural norms, and wife-beating. Victimology, 1, 54-70.

Straus, M. A. (1977). A sociological perspective on the prevention and treatment of wife beating. In M. Roy (Ed.), Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.

Straus, M. A. (1977-78). Wife beating: How common and why? Victimology: An International Journal, 2, 443-458.

Straus, M. A. (1980). Victims and aggressors in marital violence. American Behavioral Scientist, 23, 681-704.

Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind closed doors: Violence in the American family. Garden City, NY: Anchor/Doubleday.

Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975-1985 as revealed by two national surveys. Journal of Marriage and the Family, 48, 465-479.

Strube, M. J., & Barbour, L. S. (1983). The decision to leave an abusive relationship: Economic dependence and psychological commitment. Journal of Marriage and the Family, 45, 785-793.

Taubman, S. (1986). Beyond the bravado: Sex roles and the exploitive male. Social Work, 31, 12-18.

Tauris, C., & Offir, C. (1977). The longest war: Sex differences in perspective. New York: Harcourt Brace Jovanovich.

Taylor, J. W. (1984). Structured conjoint therapy for spouse abuse cases. Social Casework, 65, 11-18.

Telch, C.F., & Lindquist, C. U. (1984). Violent versus nonviolent couples: A comparison of patterns. Psychotherapy, 21, 242-248.

Traiçoff, M. E. (1982). Family interventions from women's shelters. Family Therapy Collections, 3, 105-115.

Turner, S. F., & Shapiro, C. H. (1986). Battered women: Mourning the death of a relationship. Social Work, 31, 372-376.

Van Hasselt, V. B., Morrison, R. L., & Bellack, A. S. (1985). Alcohol use in wife abusers and their spouses. Addictive Behaviors, 10, 127-135.

Walker, L. E. (1977-78). Battered women and learned helplessness. Victimology: An International Journal, 2, 525-534.

Walker, L. E. (1979). The battered woman. New York: Harper and Row.

Walker, L. E. (1981). Battered women: Sex roles and clinical issues. Professional Psychology, 12, 81-91.

Walker, L. E. (1983). Victimology and the psychological perspectives of battered women. Victimology: An International Journal, 8, 82-104.

Walker, L. E. (1984). The battered woman syndrome. New York: Springer.

Walker, L. E. (1985). Psychological impact of the criminalization of domestic violence on victims. Victimology, 10, 281-300.

Walker, L. E., & Browne, A. (1985). Gender and victimization by intimates. Journal of Personality, 53, 179-195.

Watts, D. L., & Courtois, C. A. (1981). Trends in the treatment of men who commit violence against women. Personnel & Guidance Journal, 60, 245-249.

Weidman, A. (1986). Family therapy with violent couples. Social Casework, 67, 211-218.

Weingourt, R. (1985). Never to be alone: Existential therapy with battered women. Journal of Psychosocial Nursing, 23, 24-29.

Weitzman, J., & Dreen, K. (1982). Wife beating: A view of the marital dyad. Social Casework, 63, 259-265.

Wetzel, L., & Ross, M.A. (1983). Psychological and social ramifications of battering: Observations leading to a counseling methodology for victims of domestic violence. Personnel and Guidance Journal, 61, 423-428.

Whipple, V. (1985). The use of reality therapy with battered women in domestic violence shelters. Journal of Reality Therapy, 5, 22-27.

Yllo, K. (1983). Sexual equality and violence against wives in American states. Journal of Comparative Family Studies, 14, 67-86.

3. Cognitive Variables Related to the Psychological Adjustment of Battered Women

Wife battering is not a new phenomenon and has, in fact, gone on for thousands of years. However, it was recognized as a legitimate social problem only by a few people prior to the 1970s (Kuhl, 1984). Particularly, over the last ten years, there is an increasing recognition that wife battering is a frequently occurring phenomenon. Data from a nationally representative sample in the United States revealed that one out of four women will experience an incident of abuse over the course of her marriage (Straus, Gelles & Steinmetz, 1980). A Canadian survey by MacLeod (1980) estimated that one in ten women is battered by her husband or live-in-lover.

Despite the growing body of evidence for the pervasive nature of wife abuse, it has only been over the past ten years that much psychological research has been done in the area. Early psychoanalytic writings which attribute wife battering to individual psychopathological factors, particularly masochism in females, were justifiably refuted, particularly by the growing feminist movement. As a result, the trend in the literature has been to focus away from studying individual psychological variables and instead, toward a sociological orientation which emphasizes the role of the family and society in wife battering.

The importance of these factors cannot be underrated; however, for purposes of treatment, much greater knowledge of the nature of the abused woman is essential. In particular, the cognitive variables which influence the adjustment of the abused woman have to be investigated to provide direction for the design of effective treatment programs.

Although much of the work in the field of wife battering has come from a sociological perspective, more recent research has tried to provide insight into the psychological consequences of exposure to such violence. The most influential research into the psychological correlates of wife battering has been done by Lenore Walker. Walker (1979) postulates that as women are repeatedly battered, despite the fact that they may initially use a variety of strategies to prevent the abuse, they come to develop what is called learned helplessness. The learned helplessness model stems from the work of Seligman (1967) who

found that when dogs were shocked on a non-contingent basis, they initially tried to escape the shock. However, over time they just seemed to give up. At this stage, they displayed compliant, passive and submissive behaviors, failing to try to avoid the shock even when their cage doors were open to allow their escape. Applying this model to battered women, Walker suggests that women who are abused by their spouses over time develop the belief that any coping response will be ineffective in altering their situation. As a result, the battered woman comes to live in a constant state of fear, where she tries to minimize the violence rather than effectively deal with the problem. This leads to severe psychological distress, particularly depression, and low self-esteem.

Walker's model is very useful in that it explains why many women passively remain in abusive relationships. But it also leaves many questions unanswered and thus points to important areas for further investigation. The whole area of the coping responses of women in abusive relationships has many unresolved issues. For example, do these women fail to utilize coping strategies they already have or are they truly deficient in the coping strategies necessary to deal effectively with the abusive situation? If research indicates that a cognitive deficit exists, then it points to an important focus in treatment--that of teaching coping strategies.

Investigation in the area of the coping responses of battered women to date has been relatively sparse. Only a few studies have dealt directly with this issue, and the focus of these investigations has varied considerably. One of these investigations by Pfouts (1978) looked at coping in terms of an exchange theory formulation, where coping responses were seen as a function of a process of weighing costs vs. benefits. Out of this analysis, four major coping responses were identified: self punishing, aggressive, early disengagement, and mid-life disengagement. Mitchell and Hodson (1983) have developed a conceptual framework for examining the impact of stress, personal resources, social support, institutional responsiveness, and coping on the psychological adjustment of battered women. Mills (1985), through interviews, delineated five stages of coping that battered women go through. These stages of victimization include entering a violent relationship, managing the violence, experiencing a loss of self, re-

evaluating the violent relationship, and restructuring the self. Finally, a study by Finn (1985), which bears most directly on the present research, explored the stresses and coping strategies of women who have been victims of marital violence. This study indicated that women experience stress from a number of areas simultaneously above and beyond that produced by the abuse. As well, the results indicated that although the women are under considerable stress, they are less likely than the general female population to utilize "active" problem solving behaviors which would end the abuse. Instead, the abused woman is more likely to use "passive" coping strategies such as ignoring the problems or attributing them to factors beyond her control. The kinds of coping strategies used by these women were therefore the least likely to alter their circumstances and the most likely to lead to additional stress. The present study in part attempts to confirm and extend the findings of Finn.

Another important issue that Walker's model raises, which has been largely unstudied on an empirical basis, is the role of beliefs in keeping the battered woman in her situation. The model suggests that over time women in an abusive situation come to the belief that whatever they do will be ineffective in altering their situation. In analyzing this belief further, it would in fact be considered irrational in nature in that it is both self-defeating and probably inaccurate. It causes one to wonder to what extent the abusive situation has lead to the development of other irrational or self-defeating beliefs. Ellis (1973) suggests that humans have a biological tendency to think in self-defeating, illogical, and unrealistic terms and that irrational thoughts lead to stress, unhappiness and emotional disturbance. To the extent that battered women hold irrational beliefs, they will be less able to effectively cope with their abusive relationship, which in turn will undoubtedly lead to higher levels of stress in their lives. Again, this points to a possible focus of treatment. Ellis (1958, 1987), through rational-emotive therapy, proposes techniques to challenge the individual's irrational thinking so as to replace it with more rational thought. Within this model, more rational thought leads to more rational behavior, which in the case of the battered woman, could mean either leaving the battering situation or responses which would reduce or eliminate the abuse. To date, no empirical research exists which relates Ellis' model to the plight

of the battered woman. The contribution it may provide on both a theoretical and psychotherapeutic basis warrants further investigation.

Research Hypotheses

This study was based on the following research hypotheses.

Research hypothesis 1. Battered women will report significantly less effective coping strategies as assessed by the F-COPES than the norm population.

Research hypothesis 2. Battered women will report significantly greater irrational beliefs as assessed by the RBI than the norm population.

Research hypothesis 3. Battered women will show significantly lower self-esteem as measured by the Culture-Free SEI than the norm population.

Research hypothesis 4. Scores from the Culture-Free SEI, the F-COPES, the RBI and the stress survey will be significantly correlated. Level of self-esteem will be positively correlated with the extent effective coping strategies are used and negatively correlated with the level of irrational beliefs and stress scores.

Research hypothesis 5. Length of abuse will show a significant positive correlation with level of irrational beliefs and a significant negative correlation with the use of effective coping strategies and self-esteem.

Research hypothesis 6. Battered women will report significant stress in their relationships above and beyond that caused by the abuse they have received.

Method

Subjects

The sample for this study consisted of 45 battered women who were temporarily residing in one of three Alberta women's shelters. Thirty-six of the subjects came from one or the other of the two WIN House shelters in Edmonton, and the remaining nine were from A Safe Place in Sherwood Park.

To describe the sample more completely, the following demographic information was collected. Women ranged in age from 20 to 47 with the mean age lying at slightly less than 28. In

regard to marital status, six reported being single, 16 were married, 14 lived common-law, seven were separated and two were divorced. The education level of these women ranged from grade 7 up to a bachelor's degree with a mean of grade 10.7. Twenty-eight were full-time homemakers, five worked part-time and 11 were employed on a full-time basis. In regard to the husband's work status, of the 43 women who reported, 16 said that their husband or partner was employed while 27 reported that he was unemployed. The number of children that these women had ranged from zero to four, with an average of 1.9. The length of their present relationships ranged from one month to 16 years.

In regard to the abuse experienced by these women, this varied considerably. The length of abuse they reported suffering ranged from one month up to 13 years, the average being about 47 months. The respondents also reported different kinds of abuse. Forty of the 45 women had received some level of physical abuse. Four of the women were beaten once, seven monthly, seven weekly, two daily and the remaining 20 reported being abused on an erratic basis. With regard to sexual abuse, three women in the sample reported being abused on one occasion, one reported monthly abuse, four were abused weekly, one was abused daily, and five reported erratic abuse. Mental abuse occurred in 40 of the relationships, with four being abused on a monthly basis, eight weekly, 19 daily and nine on an erratic basis. Destruction of property was another form of abuse reported by 24 of the women. Finally, abuse of the children of these women was reported to be a problem in 16 cases.

Measures

The questionnaire (Appendix A) that was developed included questions of a demographic and sociological nature and items from the following scales.

Family Crisis Oriented Personal Evaluation Scale. Coping strategies were assessed using the Family Crisis Oriented Personal Evaluation Scale (F-COPES) (McCubbin, Olson & Larsen,1982). The F-COPES is a 30-item self report inventory used to identify problem-solving and behavioral strategies utilized by families in difficult or problematic situations. Estimates of

reliability include a Cronbach's Alpha reliability rating of .86 and a test-retest reliability over four weeks of .81.

Rational Behavior Inventory. Level of irrational beliefs was measured using the Rational Behavior Inventory (RBI) (Shorkey and Whiteman, 1977). The RBI is a 37-item instrument, based on the work of Albert Ellis, which provides an overall index of irrationality (tendency to hold irrational or absolutist beliefs). The RBI has a split-half reliability of .73 and a test-retest reliability over ten days of .71. Attempts at establishing the validity of the RBI have been reported in several studies. The RBI has been found to correlate in the expected direction with measures of self-esteem, authoritarianism, dogmatism, and anemia (Whiteman and Shorkey, 1978), and has been used with a clinical population which as predicted showed greater irrationality and higher levels of anxiety and emotional distress (Shorkey and Sutton-Simon, 1983).

Culture-Free Self-Esteem Inventory. Self-esteem was assessed using the Culture-Free Self-Esteem Inventory (Battle, 1981). The Culture-Free SEI, a self report scale containing 40 items, is designed to measure an individual's general, personal and social self-esteem. Reliability checks regarding internal consistency yielded an alpha (kr 20) of .78 for the general subscale, .57 for the social subscale and .72 for the personal subscale. Test-retest reliability is .81 over an unspecified period. Validation research indicates that the Culture-Free SEI correlates favorably with other measures of personality, including A. T. Beck's Depression Inventory, the Minnesota Multiphasic Personality Inventory (Battle, 1980), and with other self-esteem inventories (Battle, 1977).

Stress survey. The source and severity of stress experienced by battered women in their relationships was determined by an adapted form of a research questionnaire developed by Finn (1985). The ten areas surveyed by Finn were extended to 15 and responses were indicated on a five-point scale. Other than the work of Finn, who used the 10-item version of this scale in assessing the sources of stress of battered women, no other data is available to support either its reliability or validity.

Procedure

The 133-item questionnaire which was developed was administered on a voluntary and anonymous basis to 45 subjects. Shelter personnel were instructed to approach these women within their first week at the shelter when it was felt that they were sufficiently settled to make a valid response. On the average, questionnaires were completed on the fifth day after the women had arrived at the shelter. However, this actually ranged from one to 18 days. Questionnaires were collected over a ten-week period from February to April of 1988.

Data Analysis

For each scale within the questionnaire except the stress survey, the results were analyzed to determine if significant differences existed between the sample of battered women and the respective published norms for each scale. Differences were determined using t-tests for independent samples. In addition, correlations were calculated to determine the nature and extent of relationships between the four dependent variables assessed in the study and between several relevant demographic variables. As well, on several variables, groups were artificially formed from high and low values, and from this, differences on the dependent measures were assessed.

Results

Hypotheses 1 to 3 were tested using t-tests for independent samples, the results of which are presented in Table 3-1. Research hypothesis 1, which states that battered women would report significantly less effective coping strategies than the norm population, was supported. The sample of battered women yielded an F-COPES score of 91.78 (SD=15.68) compared to 95.64 (SD=13.24) for the norm population, which indicates significantly fewer ($t=-1.64$, $p<.05$) effective coping strategies . Hypothesis 2, that battered women would report significantly greater irrational beliefs as measured by the RBI as compared to the norm population, did not bear true in this empirical investigation. In fact, this sample of women was found to have significantly fewer ($t=-4.14$, $p<.001$) irrational beliefs, with a mean of 21.02 (SD=6.71) on the RBI compared to 26.35 (SD=4.40) for the norm population. Higher scores indicate higher irrationality on this scale. The

third hypothesis that women would show significantly lower self-esteem as compared to the norm population on the Culture-Free SEI was supported ($t=-4.87$, $p<.0005$). The mean score for the sample was 17.42 (SD=6.81) compared to a value of 23.23 (SD=5.66) for the norm group. Higher values here indicate greater self-esteem.

Table 3-1

T-test Scores for the F-COPES, RBI, and SEI (Battered vs. Normal Populations)

	Battered Women		Population Norms		
	Mean	SD	Mean	SD	t
F-COPES	91.78	15.68	95.64	13.24	-1.64*
RBI	21.02	6.71	26.35	4.40	4.14*
SEI	17.42	6.81	23.23	5.66	4.87*

*$p < .05$

To test research hypotheses 4 and 5, the data was analyzed using Pearson product moment correlations. The resulting correlation matrix is presented in Table 3-2.

Table 3-2

Intercorrelations Between Test Scores and Abuse Variables

	F-COPES	RBI	SEI	Stress Survey
RBI	r= -.2075			
	p= .086			
SEI	r= .2658	r= -.4886		
	p= .039*	p= .000*		
Stress	r= -.0374	r= .0075	r= -.1990	
	p= .404	p= .481	p= .095	
Length	r= .2238	r= -.1918	r= .2529	r= .1684
of Abuse	p= .072	p= .106	p= .049*	p= .137

*p < .05

Research hypothesis 4, which predicts that scores from the Culture-Free SEI will be correlated positively with F-COPES scores but negatively with scores from the RBI and the stress survey, were confirmed in part. A significant negative correlation (r=.-4886, p=.000) was found between the Culture-Free SEI and scores on the RBI. As well a significant positive correlation was found between self-esteem and scores on the F-COPES (r=.2658, p=.039). Correlations between the other dependent measures were not found to be significant. Hypothesis 5, which suggests that those women who are abused longer will hold significantly more irrational beliefs and will have both lower self-esteem and fewer effective coping strategies, also failed to be confirmed. All correlations were opposite to the direction hypothesized. Length of abuse was negatively correlated with level of irrational beliefs (r=-.1918, p=.106), and positively correlated with both self-esteem (r=.2529, r=.049) and coping strategies (r=.2238, p=.072).

It was predicted in research hypothesis 6 that battered women would report a variety of sources of stress in their relationships in addition to the abuse they had received from their partners. Although no normative data are available to make comparisons, the responses seem to support this hypothesis. Since on the stress survey any score of 3 or over indicated that the issue was at least a regular problem for the couple, the following results were obtained. Problems in the relationship regularly arouse due to money (for 64% of the couples), work (51%), children (40%), relatives (55%), illness (20%), jealousy (56%), sex (49%), deciding who is boss (71%), settling arguments (80%), alcohol (56%), friends (41%), different life goals (67%), religion (27%), household chores (44%), and different leisure activities (69%).

Other Findings

Other findings of interest, although not specifically investigated, included significant correlations between both age ($r=.3483$, $p=.010$) and educational level ($r=-.3472$, $p=.012$) and F-COPES scores. This suggests that as women become older, they develop more effective coping strategies. But more curiously, as women become more educated, they utilize less effective coping strategies. There was a non-significant positive correlation between age and education ($r=.1726$, $p=.140$).

Several variables (i.e., length of abuse, stress level, age, woman's work status, husband's work status, education, F-COPES score, RBI score and Culture-Free SEI score) were also split at roughly the 50th percentile to create groups for comparison purposes. _T_-tests were used to see if group membership on these variables yielded significant differences on the dependent variables. These comparisons yielded two significant findings.

First as suggested by the previously reported correlations those subjects with low self-esteem were also found to hold significantly more irrational beliefs than subjects with high self-esteem. Second subjects who were full time homemakers were found to have significantly lower self-esteem than those working outside the home.

Discussion

This study attempted to look at several cognitive variables relevant to the psychological adjustment of battered women and to determine how these variables interrelate. The dependent variables measured and the instruments used in this assessment included coping strategies (F-COPES), irrational beliefs (RBI), self-esteem (Culture-Free SEI), and relationship stressors (Stress Survey).

The results indicated first that the battered women in this sample reported statistically significant deficits in their coping strategies as had been hypothesized. These results support the findings of Finn (1985) who used the same instrument, on a similar population. They reinforce the view that teaching coping strategies is an appropriate treatment goal within programs dealing with battered women.

Interestingly, the assessment of the irrational beliefs of this sample yielded results that were opposite to what was predicted. Instead of having greater irrational beliefs, the findings indicated that the battered women were less irrational than the norm population. There are several potential explanations for these findings. For one, the norm group used was composed of undergraduate students who may differ in many respects from battered women in areas other than the abuse and therefore probably served as a poor comparison. Secondly it is quite possible that because the RBI was designed to assess only the 11 irrational beliefs proposed by Ellis (1976), it in fact missed the much more specific self-defeating beliefs that appear to come out in clinical interviews with these women. Thus, it may be that it is not that these women do not hold a disproportionate number of irrational beliefs, but that the assessment instruments available do not measure those more specific in nature. Speaking generally, battered women may be less irrational, as defined by Ellis because they are faced with somewhat different realities than the average person. Some of the ideas that Ellis feels are irrational, such as the need to be perfectly competent to feel worthwhile, or the belief that it is a catastrophe when things are not exactly as you like them, may plague the average undergraduate student on whom the test was normed. However, these ideas may have little place in the belief system of the battered woman, who is more concerned about

just surviving for another day. It makes sense that the beliefs which these women hold, those that keep them in the abusive relationship and need to be dealt with in treatment, are much more specific to that situation. Although they are more specific, they are however equally as self-defeating as those that Ellis has described.

As was hypothesized, the present findings indicate that the battered women in this sample are significantly lower in self-esteem than the norm population. This confirms several other reports (Hilberman and Munson, 1978; Bowen, 1982; Walker, 1984).

Under investigation also was the interrelationship between self-esteem, coping strategies, irrational beliefs and relationship stress. It was predicted that those women who reported the highest levels of stress in their relationships would also hold the greatest irrational beliefs, would report the use of the fewest effective coping strategies and would therefore have the lowest self-esteem. These findings in fact indicate a significant relationship between self-esteem and irrational beliefs. Those women holding the most irrational beliefs were found to have the lowest self-esteem scores. The negative correlation between these variables was in fact the strongest relationship found in this study. Thus if overcoming feelings of low self-esteem is considered an important aspect of therapy for these women (as the literature indicates) this study suggests that challenging the belief system of those women who are found to have high levels of irrational beliefs may be an important focus of treatment. Also the significant positive correlation found between the F-COPES and self-esteem further suggests the potential value of teaching coping strategies to these women.

The lack of relationship between the other dependent variables in the study could be attributable to different factors. First, these results underscore the fact that for assessment purposes, these variables are conceptualized in very simplistic terms when in reality, they are each very complex. Each construct is multifaceted and therefore, measuring them is very imprecise. In particular, the Stress Survey, which has little more than a face validity to attest to its usefulness, was questionable. Still beyond the problem of the accuracy of measuring these variables is the

problem of the complex interplay of other related variables. For example, both age and educational level were found to correlate significantly with coping strategies.

The hypothesized relationship between length of abuse and the four dependent measures was also not supported by the results. Length of abuse when analyzed more closely, however, becomes somewhat meaningless in that it tells nothing about the frequency or severity of abuse which may be more critically related to stress and coping. The scale used to assess the frequency of abuse, unfortunately, proved to be empirically useless because of the way it was constructed. By including a category for abuse which occurred on an erratic basis, although probably more accurate with regard to describing the abuse, was at the same time not open to quantification.

It was predicted that battered women would experience a variety of problems in their relationships above and beyond the abuse which would also increase the stress in their lives. These results seemed to confirm this hypothesis. All 15 categories of potential issues (money, work, children, relatives, physical illness, jealousy, sex, deciding who is boss, settling arguments, alcohol or drug use, friends, different life goals, religion, household chores and different leisure activities) were reported by some of the subjects to frequently create a problem in their relationships. The issues creating stress for the largest numbers of subjects were settling arguments and deciding who is boss. Those issues creating stress for the fewest number of subjects were illness and religion. These results clearly highlight the fact that battered women experience stress from a number of areas simultaneously, and therefore reinforce the view of Finn (1985) that treatment needs to focus on reducing the overall stress level in the abusive relationship.

Future Research

These findings suggest various considerations regarding future research initiative. First, a much more sophisticated scale for assessing the frequency and severity of abuse is warranted--one which allows more precise quantification of these important variables. Second, a non-battered comparison group of women equated on important variables such as age and

educational level would improve the internal validity of the results. Using norms from populations such as undergraduate students serves as a poor comparison. Third, in order to increase the external validity or generalizability of these results, one could draw the sample from the general population instead of using a group such as women from a shelter, which according to the literature, probably does not represent battered women generally. Fourth, the use of a larger sample would allow comparison of extreme scores on each of the variables investigated, which may prove to be more fruitful than the present investigation. Using group means in this study may be masking the existence of significant subgroups of battered women who fit the predicted relationships. Finally, although the results have indicated that women in this sample were less irrational than the norm population, the exploration of more specific self-defeating beliefs within this population would seem to be a productive direction for future research. Clinical evidence suggests that challenging these specific self-defeating beliefs is probably an important aspect of treatment, and therefore, they need to be further identified. The strong relationship found between self-esteem and irrational beliefs suggests that this is an important area of investigation.

References

Battle, J. (1977) A comparison of two self-report inventories. Psychological Reports, 41, 159-160.

Battle, J. (1980). The relationship between self-esteem and depression among high school students. Perceptual and Motor Skills, 51, 157-158.

Battle, J. (1981). Culture-free SEI self-esteem inventories for children and adults. Seattle, WA: Special Child Publications.

Bowen, N. H. (1982). Guidelines for career counselling with abused women. Vocational Guidance Quarterly, 31, 123-127.

Ellis, A. (1958). Rational psychotherapy. Journal of General Psychology, 59, 35-49.

Ellis, A. (1973). Humanistic psychotherapy: The rational-emotive approach. New York: McGraw-Hill.

Ellis, A. (1987). The evolution of rational-emotive therapy (RET). In J. Zeig (Ed.), The evolution of psychotherapy (pp. 107-137). New York: Brunner/Mazel.

Finn, J. (1985). The stresses and coping behavior of battered women. Social Casework, 66, 341-349.

Hilberman, E., & Munson, K. (1978). Sixty battered women. Victimology, 2,460-470.

Kuhl, A. F. (1985). Personality traits of abused women: Masochism myth refuted. Victimology, 9, 450-463.

MacLeod, L. (1980). Wife battering in Canada: The vicious cycle. Hull, Que: Minister of Supply and Services, Canada.

McCubbin, H. I., Olson, D. H., & Larsen, A. S. (1981). The family crisis oriented personal evaluation scales (F-COPES). In H. J. McCubbin, & A. I. Thompson (Eds.), Family assessment inventories for research and practice (pp. 194-207). Madison, WI: University of Wisconsin-Madison.

Mills, T. (1985) The assault on the self: Stages in coping with battered husbands. Qualitative Sociology, 8, 103-123.

Mitchell, R. E., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. American Journal of Community Psychology, 11, 629-655.

Pfouts, J. H. (1978). Violent families: Coping responses of abused wives. Child Welfare, 57, 101-111.

Seligman, M. E. (1967). Failure to escape traumatic shock. Journal of Experimental Psychology, 74, 1-9.

Shorkey, C. T., & Sutton-Simon, K. (1983). Reliability and validity of the rational behavior inventory with a clinical population. Journal of Clinical Psychology, 39, 34-38.

Shorkey, C. T., & Whiteman, V. L. (1977). Development of the Rational Behavior Inventory: Initial validity and reliability. Educational and Psychological Measurement, 37, 527-534.

Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind closed doors: Violence in the American family. Garden City, NY: Anchor/Doubleday.

Walker, L. E. (1979). The battered woman. New York: Harper and Row.

Walker, L. E. (1984). The battered woman syndrome. New York: Springer.

Whiteman, V. L., & Shorkey, C. T. (1978). Validation testing of the rational behavior inventory. Educational and Psychological Measurement, 38, 1143-1149.

4. Identification of the Self-defeating Beliefs of Battered Women

Over the past twenty years, considerable research (Ball & Wyman, 1977; Frazier & Flitcraft, 1977; Hilberman & Munson, 1977-78; Walker, 1977-78; Davidson, 1978; Pfouts, 1978; Rounsaville, 1978; Star, 1978; Labell, 1979; Star, Clark, Goetz, & O'Malia, 1979; Walker, 1979; Goodstein & Page, 1981; Martin, 1981; Rosenbaum & O'Leary, 1981; Bowen, 1982; Hartik, 1982; Hofeller, 1983; Walker, 1983; Wetzel & Ross, 1983; Gellen, Hoffman, Jones & Stone, 1984; Kuhl, 1984; Pressman, 1984; Finn, 1985; Mills, 1985; Launius & Jensen, 1987; Morrison, Van Hasselt & Bellack, 1987) has been directed toward establishing common characteristics among women who have experienced an abusive relationship. This line of research fortunately is no longer used to point blame at the women in these relationships, as did early psychoanalytic investigation (Snell, Rosenwald & Robey, 1964; Carlson, 1977) in the area. Instead, study into common characteristics in this population is seen as essential to guide future treatment development.

One very promising area of investigation has focused on the common beliefs of battered women, particularly those that might be considered self-defeating in nature. These beliefs appear to develop out of or are at least strongly reinforced by the dynamics of the abusive situation. Referred to also in the literature as myths, rationalizations and faulty or dysfunctional beliefs, together these cognitions seem to serve to maintain the stability of the abusive relationship, thus rendering positive change unlikely. To date, aside from research done by the present author (Maertz, 1989a), there has been no empirical investigation into the self-defeating beliefs of battered women. A number of descriptive reports (Hilberman & Munson, 1977-78; Follingstad, 1980; Ferraro, 1983; Ferraro & Johnson, 1983; Painter & Dutton, 1983; Pressman, 1987; Douglas & Strom, 1988) suggest the existence of a common set of beliefs within this population which together may be described as self-defeating.

One of the first reports (Hilberman and Munson,1977-78) which provided information about the beliefs of battered women reported on 60 battered women who had received treatment at a

health clinic. Among other observations, these authors reported "striking" similarities among their clients. They felt that common to these women was a "complex mythology" (p. 467) which needed to be identified and challenged early in their treatment. The beliefs identified within this system include the idea that: (a) violence is an acceptable means of venting anger, (b) batterers are not responsible for their behavior because they are sick, mentally ill, alcoholic, unemployed or under stress, (c) the violence is justified because I am bad, provocative, or challenging, (d) he will not abuse me if I am good, quiet or compliant, (e) I love him, (f) I can't survive without him, (g) it is best for my children, and (h) he will change.

Follingstad (1980), presenting a single case study, recognized the importance of identifying what she called the faulty beliefs of her battered client. Follingstad outlines five faulty beliefs which she believes are common to battered women and which she feels need to be altered before behavior change is possible. These include the belief that:

1. "I have no other alternatives to this relationship." . . .
2. "I would feel extremely guilty and responsible for what would happen to [my husband] if I ended the relationship." . . .
3. "Maybe I deserve the beatings." . . .
4. "Maybe I provoke the abuse from [my husband]." . . .
5. "I can't change anything; I've tried before." (Follingstad, 1980, p. 299)

Ferraro (1983) and Ferraro and Johnson (1983) further reveal common beliefs within this population. These authors, based on a two-year participant observation study of battered women within a shelter, describe six techniques by which these women rationalize what is happening to them. These techniques include appealing to the salvation ethic, denial of injury, denial of victimizer, denial of victimization, denial of options, and an appeal to higher loyalties. Embedded within these techniques appear to be several self-defeating beliefs. These include the beliefs that: (1) I have the power to solve my husband's problems, including the abuse, (2) the abuse is due to forces beyond my husband's control (i.e., due to illness or his unemployment), (3) he will

grow out of or get over the abuse, (4) I had it coming, (5) I cannot survive without my husband so I have to accept the abuse, (6) there is no other man in the world for me--he is the only man I could love, (7) if I leave the relationship, I will lead a life of loneliness and celibacy, (8) only trashy people get divorced, and (9) for my children's sake, any marriage is better than no marriage. Ferraro feels that these kind of cognitions serve to justify a woman's decision to remain in a violent relationship and therefore, need to be changed.

Painter and Dutton (1985), primarily interested in the process of traumatic bonding, outline two beliefs which they feel lock the woman into the battering relationship. These include the belief in her own powerlessness and the belief that she somehow causes the violence and can prevent it if she only changes her behavior. This information was based on interviews with twelve battered women.

Pressman (1987), in discussing her work using family-of-origin therapy, also suggests that battered women hold beliefs which predispose them to remain in abusive relationships. These beliefs include:

"My needs come after family needs are met."

"Mother makes or breaks the home. She is the center of the home."

"Good mothers never say, No!"

"If things go wrong, you are at fault. Mothers are a good place to take garbage."

"Mothers have all the answers or should know all the answers." (Pressman, 1987, p. 54)

Particularly common and potentially dangerous to the battered woman Pressman states is the belief that she will receive love only if she gives love. Pressman feels that these same beliefs are not uncommon among non-abused women, but that they are particularly self-defeating within an abusive relationship.

A recent article (Douglas and Strom, 1988) provides the most revealing descriptive report to date regarding what they refer to as the "dysfunctional" (p. 33) beliefs of battered women. These authors state that battered women hold three categories of dysfunctional cognitions. The first

category of cognitions are considered to render a women more vulnerable to violent relationships. Cognitions under this category include those that convey a traditional sex role attitude, cognitions that suggest an attitude which condones violence and beliefs which imply a negative self attitude. The second major category of cognitions Douglas and Strom distinguishes are those which they believe follow from the abuse. Under this major category are cognitions which: minimize or distort what is considered abusive behavior, attribute the cause and the blame for the abuse to the women herself, carry the expectation that violence will not recur, suggest that the batterer will never really hurt them seriously, and those which convey the idea that there is no action she can take to control her own safety. The third and final category of cognitions these authors suggest are commonly seen as negative symptoms of living in an abusive relationship. These include low self-esteem, anxiety, anger, depression and paranoia.

Taken together, the literature reviewed suggests that many battered women may indeed hold a common set of beliefs, and that these need to be delineated more clearly so that treatment programs can be formulated to more systematically change those beliefs that are found to be self-defeating in nature.

Attempting to use a more empirical approach, the present researcher (Maertz, 1989a) used a standardized assessment tool to obtain information about the beliefs of battered women. Using the Rational Behavior Inventory (RBI) (Shorkey and Whiteman, 1977), a sample of 45 battered women who were temporarily residing in one of three women's shelters was surveyed to determine to what extent certain irrational beliefs were found in the group. The RBI is a 37 item instrument which is used to measure an individuals tendency to hold irrational or absolutist beliefs, and is based on the work of Albert Ellis (1973). The results of this study were surprizing in that they indicated that these women in fact held significantly ($p<.05$) less irrational beliefs that the norm population, as measured by the RBI. Although these women did not hold a preponderance of irrational beliefs as defined by Ellis this research could not rule out the possibility that battered women hold a much more specific set of self-defeating beliefs that were not assessed by this

inventory. In fact, there appears to be no instrument available which will assess these kind of beliefs. Identifying these more specific self-defeating beliefs can best be accomplished through interviews with battered women. The present study, by focusing directly on the belief system of battered women, is an attempt to yield a more comprehensive picture of the self-defeating beliefs of battered women, than has been provided by previous research.

Method

Subjects

The subjects in this study were ten women who had recently left a physically abusive relationship and who were seeking temporary shelter in one of two women's shelters.

The women in the sample ranged in age from 22 to 33 with a mean age of 28.3 years. In regard to their marital status, two were single, one reported being separated, three were married, three were living common-law and one was divorced. The length of their reported abusive relationships varied considerably, from six months to 13 years, with an average of 4.4 years. Years of formal education ranged from grade ten up to three years of university with a mean of grade 12.1. In regard to their work status, four women worked full-time inside the home, two worked full-time outside the home, three worked part-time, and one woman was attending college. Half of the women's abusive partners were employed and the other half unemployed at the time of the interview. Number of children in these families ranged from one to six with a mean of 2.4. Length of abuse varied from three months to twelve years with 41.4 months being the average.

Procedure

Subjects for the study were solicited on a voluntary basis by shelter personnel and were given a one page handout (Appendix B) which briefly described the nature of the study and included a description of what subject participation would involve. Times were then set up for the interviews, with each of the ten interviews carried out lasting for approximately one hour. During this time, a series of questions (Appendix C) were used as a framework to guide the interviews. The primary intent of these questions was to reveal the self-defeating beliefs these women held

during the course of their abusive relationships. All interviews took place at the shelter and were audiotaped. On the average interviews were carried out almost eleven days after the women had arrived at the shelter, although this varied from six to eighteen days.

Data Analysis

From the audiotaped interviews, all statements that appeared to be self-defeating in nature were recorded. To further verify these a second researcher independently carried out the same procedure. Together these results were compiled to yield a list of self-defeating statements (Appendix D). This list of self-defeating statements was then further analyzed to yield summary statements (Appendix E) which attempted to encompass the essence of the self-defeating belief or statement. These statements were then grouped by each researcher into themes, based on similarity of content and meaning. Where inconsistencies in theme were found these were further reviewed until consensus on the nature of the themes was established.

Results

From the ten interviews carried out, a total of 114 potentially self-defeating statements were collected, which on further analysis fell into fourteen major themes. These themes will first be outlined briefly and then a more complete explanation of these, along with examples of the type of statements they represent, will be presented. The fourteen underlying self-defeating beliefs are:

1. He will change such that he is no longer abusive.
2. The needs of others are more important than my own needs.
3. I cause the abuse. He is not responsible.
4. The consequences of other people finding out about the abuse will be negative.
5. I can stop my partners abusive behavior pattern.
6. Leaving the abusive relationship would have negative consequences which I could not handle.
7. There are no other options to the abusive relationship.

8. The abusive behavior is somehow normal and/or acceptable.

9. I possess a defect of some kind.

10. Love and/or the marital bond overrides all else, including the abuse.

11. The mother (wife) should take complete responsibility for keeping the family healthy and together.

12. The abusive male has redeeming qualities which make up for the abuse.

13. Things can't really be the way they are (denial).

14. I deserve the abuse.

The following discussion will reveal the nature of these basic themes in greater detail.

Theme 1

He will change such that he is no longer abusive. All of the women interviewed held the belief that the abusive male would change and that the abuse was only temporary. Each woman stated that for a time, they had truly felt that each abusive episode was the last. These women continued to hold this belief despite considerable evidence to the contrary. Thus, these women failed to take actions which would stop them from being further abused. Examples of statements that illustrate this theme are:

1. He will change.

2. It was only one hit. It won't happen again.

3. One day he will realize what he is doing to me and will stop.

4. He's really hurting this time when I left him,it won't happen again.

5. If I give my husband the children he wants, he will change.

6. The abuse is just a mistake. It won't happen again.

Theme 2

The needs of others are more important than my own needs. For many, the needs of their children and their partners came first. For some women, as long as the abuse affected just them, they were willing to tolerate it so that their children could have a father. Others believed that

despite the abuse, they did not want to deprive their abusive partners of their children. Examples of statements that illustrate this theme are:

1. Whatever he's like, kids need a father.
2. I don't care what happens to me. My only concern is my children.
3. I should stay because I don't want the kids to grow up not knowing who their dad is.
4. I should stay in the relationship for my kids' sake.
5. Sex is a wife's duty, whether you want it or not.
6. If it's just me, I can put up with abuse. If it's my children, that's different.
7. I can tolerate the abuse as long as it just affects me.
8. I don't want to deprive him of his family. That means so much to him.
9. How can I even think of leaving him? I'd feel so guilty.
10. I couldn't leave my husband. He would be so unhappy.

Theme 3

I cause the abuse. He is not responsible. Some believed they caused the abuse by working outside of the home, by not maintaining the batterer's perfectionistic standards, by not yielding to each of his demands, or by not leaving. The abusive partner, on the other hand, is not deemed responsible because he is sick, alcoholic, or mentally ill. Examples of statements that illustrate this theme are:

1. I'm not always sure what, but I feel I do something to cause the abuse.
2. This is not his problem. It's mine.
3. I seem to attract the abusive type of man.
4. My working outside the home is one the major reasons he abuses me.
5. It's my fault because I let him abuse me and I didn't leave.
6. In a new relationship, if it wasn't abusive, I would make it that way.
7. He is not responsible for his abusive behavior when he drinks.
8. If I hadn't screamed or yelled, he wouldn't have abused me.

9. He's not responsible for the abuse.

10. I've got my problems. I can't blame him for this.

Theme 4

The consequences of other people finding out about the abuse will be negative. It is believed that revealing the abuse to others, for example, to family members, friends or other members of society, will undoubtedly lead to a negative reaction from them and/or negative consequences. It is the battered women's belief that people who find out about the abuse will either not believe them, blame them for causing the abuse, feel sorry for them or feel they deserve it. Examples of statements that illustrate this theme are:

1. I could not handle the embarrassment of going to a shelter.

2. I don't want anyone to know what is happening. They will feel sorry for me.

3. No one will believe me if I tell them about the abuse.

4. I can't tell anyone. They will blame me for provoking the abuse.

5. Other people will feel I deserve the abuse.

Theme 5

I can stop my partners abusive behavior pattern. This was deemed possible by either changing how they acted within the relationship or by using their power to influence the batterer so that he would change and become non-abusive. Many women communicated that they once believed that if they could have only fulfilled the batterer's every need and tried harder to please him by doing whatever he said, they would no longer have been abused. However, for most, the more they did, the more they had to do and the abuse never ceased. Many women at one time also believed they had the power to change their partners, and took it as a personal failure when they could not. Examples of statements that illustrate this theme are:

1. If I try hard enough to please him, the abuse will not occur.

2. If I can fulfill his every need, he will not abuse me.

3. If I do everything he says, the abuse will stop.

4. If I could only change, the relationship could work.

5. I can change him.

6. If I could just shut up, he wouldn't hit me.

7. I can fight back. I'm not helpless.

8. I can stop the abuse if I just watch what I say.

Theme 6

Leaving the abusive relationship would have negative consequences which I could not handle. Many feared spending the rest of their lives alone. Some feared losing the security of the relationship. One woman believed the batterer would take away her children. Examples of statements that illustrate this theme are:

1. If I leave him, he will find a way to take the kids away from me.

2. I'll never meet another man if I leave this relationship.

3. At least I have him. If I were to leave, I'd spend my life alone.

4. I'd rather stay in this relationship, even though it's abusive, than be out on the street alone.

5. This relationship is the only security I have. I need to hold on to it.

6. There will never be another man out there for me.

Theme 7

There are no other options to the abusive relationship. They could either put up with the relationship as it was or give up, which often meant thoughts of suicide. Leaving the relationship was not seen as a viable option because most of the women believed that all men were the same anyway, so there was no point in looking for a new one. As well, leaving the batterer was believed to have the previously discussed negative consequences (i.e., Theme 4). Examples of statements that illustrate this theme are:

1. I had no options in dealing with the abuse other than trying to please him.

2. I can't handle this abuse. I have no option but to give up.

3. I have no choice but to stay with him.
4. There's nothing I can do to stop the abuse.
5. If I meet someone else, he will be just like him.
6. Why look for another man? They're all the same anyway.
7. I give up. I just don't care what he does anymore.
8. I have no alternatives to this relationship.
9. There just aren't any good men out there.

Theme 8

The abusive behavior is somehow normal and/or acceptable. They either denied to themselves that the violence was serious enough to be considered abusive or they saw the behavior as abusive but rationalized it by saying to themselves that some level of abuse is normal in any relationship. In either case, the abuse was minimized and their likelihood of taking actions to reduce or prevent it was decreased. Examples of statements that illustrate this theme are:

1. What he's doing isn't really abuse. It's a normal part of any relationship.
2. Some abuse is a normal part of any relationship.
3. This isn't abuse. This is just normal fighting between two people.

Theme 9

I possess a defect of some kind. This theme ties in closely with Theme 3, 5, and Theme 14. Since they believe they are defective in some way, these women believe they cause the abuse and therefore deserve it. The self-deflamatory statements recorded were many and varied. The women stated that they had either a serious problem, a personality disorder or were crazy. They had believed they were sick, useless, worthless or bad. Not being able to maintain their relationship with the abusive male was seen as further evidence of their inadequacy. Examples of statements that illustrate this theme are:

1. There must be something wrong with me. I can't do anything right.
2. I don't know why I'm upset all the time. I should be able to handle this situation.

3. I'm going crazy.
4. I keep going back. I must be crazy.
5. I am the sick one in this relationship and I need help.
6. There's something wrong with me. I must have a real personality problem.
7. There must be something wrong with me if I can't maintain this relationship.
8. I am worthless. The more I try to please this man, the less I am able to.
9. There's something wrong with me.
10. He's crazy and so am I.
11. I couldn't handle a good man if I found one.
12. I must be a totally useless person to be treated like this.
13. I must be as bad as he says. He knows me so well.

Theme 10

Love and/or the marital bond overrides all else, including the abuse. In the marital vows, for better or worse means putting up with the abuse. For at least some of the women, divorce was not considered an option. Examples of statements that illustrate this theme are:

1. He said he loves me, so I'll do anything to keep the relationship going.
2. If you love a man, you have to work it out, whatever the problem.
3. As long as I love him, I'll put up with the abuse.
4. Divorce is wrong. A husband and wife have to stay together.
5. You have to stick with your husband through anything, for better or worse.
6. I don't want to harm the relationship by leaving.
7. If you love someone, you put up with their behavior, whatever it is.

Theme 11

The mother (wife) should take complete responsibility for keeping the family healthy and together. Theme eleven pertains to the idealized role of a mother and wife. Many of the women interviewed adhered strictly to the notion that a mother and/or wife should be completely responsible for the health and welfare of her family and/or partner. Mothers are seen as the emotional backbone of the family and are considered at fault if something goes wrong in the family. Examples of statements that illustrate this theme are:

1. Mothers should do everything for their husbands and kids.
2. I have to take care of him, whatever he does.
3. The mother's role is to keep the family together.
4. A good wife knows how to take care of her man.

Theme 12

The abusive male has redeeming qualities which make up for the abuse. Although these positive qualities may have been apparent for decreasing lengths of time or may not have been present for a long time, the tendency was to continue to focus on these positive attributes. At the same time, the women hoped that the person they once knew would return and life would be as it once was. Also mentioned by a few of the women was the idea that these males had qualities that they saw as exciting. The abuse itself was not one of these qualities, however. Examples of statements that illustrate this theme are:

1. He might be abusive, but underneath he really is a good man.
2. There's something about this kind of male that is exciting.
3. Hiding underneath this abusive exterior is the perfect man.

Theme 13

Things can't really be the way they are. Apparent in theme thirteen is an element of denial--denial to themselves that the abuse could be happening to them, and denying that things are as

bad as they are. There is a need to believe that things will be different. Examples of statements that illustrate this theme are:

1. He told me it won't happen again so it won't happen again.
2. It's not that I believe the relationship will be different but that I want to believe that it will be different.
3. This can't be happening to me.
4. He's not trying to control me. He's just showing his concern for me.

Theme 14

I deserve the abuse. Finally, in theme 14, there is the belief that many women expressed that they somehow deserved the abuse. Closely connected with theme three, since many women believed that they did things that caused the abuse, they as a result believed they deserved the abuse. They felt they deserved the abuse because they either picked or attracted this kind of male, because they did not do enough for the batterer or because they kept going back to him. Holding a low opinion of themselves generally, some of the women believed they just did not deserve anything better. Examples of statements that illustrate this theme are:

1. I don't deserve anything better.
2. I was to blame for the abuse because I kept going back to him.
3. I don't do enough for him. I blame myself for the abuse.
4. I deserve to be treated like this.
5. I keep looking for the same kind of man.
6. What he complains about is true, so I probably deserve the abuse.
7. I don't really understand his culture so I guess I do things that cause him to abuse me.
8. I'm going back to him just to get beat up.
9. I somehow pick these same kinds of men.
10. I've been in other abusive relationships and feel I must be attracted to the abusive type male.

In summary results of the ten interviews carried out indicate that all of these women made statements which suggest that they hold a number of potentially self-defeating beliefs. One hundred and fourteen potentially self-defeating statements were recorded, which on further qualitative analysis appeared to fall into 14 somewhat distinct themes.

Discussion

In this study an attempt was made to identify the self-statements and beliefs of a sample of battered women that are potentially self-defeating in nature. To this end, it has yielded a series of self-defeating statements that seem to fall into fourteen themes.

Although the authors attempted to derive distinct themes, it would be remiss to suggest that no overlap between the themes exists. A number of the self-defeating statements made could to a greater or lesser extent be placed under other themes. The self-defeating statements which best represented a particular theme were presented in the results section.

Comparing these findings to the beliefs uncovered in the previous literature cited, it is clear that the present study confirms the existence of a number of self-defeating beliefs in this population. Not only does it confirm previous reports but it extends these findings by providing a more comprehensive view of the beliefs of battered women.

This research raises some issues which need to be addressed, however. First, there arises the question: Why are these particular beliefs considered self-defeating? To answer this, it is necessary to look at the possible impact of holding these beliefs. Adoption of any of these cognitions leaves the battered woman open to both further physical and emotional harm. Adherence to these beliefs is almost certain to enhance the likelihood that the woman would remain enmeshed in the abusive relationship, return to it if she has already left, or fall into a new violent partnership. Aside from the possible impact of holding these beliefs, they are also judged to be self-defeating because for the most part, they are unfounded and/or overexaggerated, and in that sense they could be labelled as being irrational. If the battered woman could look objectively at the evidence for the belief, such as would take place through cognitive therapy,

their erroneous nature might be discovered. Of course, this is an over generalization, and it would only be through an analysis of the impact of a particular belief on the life of an individual woman that its self-defeating nature could be ascertained for sure. Some of these beliefs may, in fact, have been functional at one time, in that they may have minimized the abuse and enhanced the victim's chances of survival. However, as circumstances change, particularly when these women leave their relationships, holding these beliefs no longer serves a positive function. These beliefs need to be changed in order to maximize the chances that these women will enjoy an abuse-free future.

One of the difficulties with the research methodology used in this study is that in attempting to get at the beliefs of battered women, it has involved interviewing women who are no longer in those relationships. These women were asked to reflect back on their experiences and remember their thoughts during different times in their relationship. This kind of retrospective data is obviously not as reliable as if women who were still living in an abusive relationship were interviewed. Undoubtedly, many of their beliefs had changed somewhat before making the decision to leave the relationship and seek out refuge in the shelter, and, as well, had changed over the course of their shelter stay. Interviewing women who are still in their relationships and have not made a decision to leave would have been the preferred methodology to use for this study, but these are the women to whom researchers have the least access.

This study was seen as a preliminary investigation. Since it involved only ten subjects, it leaves open the possibility that the beliefs identified may be unique to this sample, although the findings appear to be largely supported by past research efforts. The logical next step is to confirm the existence of these beliefs in a much larger group of battered women. This could most easily be achieved by constructing a survey based on these beliefs. This assessment tool could then be used not just for purposes of research but also on a clinical basis to identify which self-defeating beliefs individual women hold, and thereby serve as a guide to direct a cognitively based treatment which would challenge these beliefs.

References

Ball, P. G., & Wyman, E. (1978). Battered wives and powerlessness: What can counselors do? Victimology, 2, 545-552.

Bowen, N. H. (1982). Guidelines for career counseling with abused women. The Vocational Guidance Quarterly, 31, 123-127.

Carlson, B. E. (1977). Battered women and their assailants. Social Work, 22, 455-460.

Claerhout, S., Elder, J., & Janes, C. (1982). Problem-solving skills of rural battered women. American Journal of Community Psychology, 10, 605-612.

Davidson, T. (1978). Conjugal crime. New York: Hawthorne Books.

Douglas, M. A. & Strom, J. (1988). Cognitive therapy with battered women. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 6, 33-49.

Ellis, A. (1973). Humanistic psychotherapy: The rational-emotive approach. New York: McGraw-Hill.

Ferraro, K. J. (1983). Rationalizing violence: How battered women stay. Victimology, 8, 203-212.

Ferraro, K. J., & Johnson, J. M. (1983). How women experience battering: The process of victimization. Social Problems, 30, 325-339.

Finn, J. (1985). The stresses and coping behavior of battered women. Social Casework: The Journal of Contemporary Social Work, 66, 341-349.

Follingstad, D. R. (1980). A reconceptualization of issues in the treatment of abused women: A case study. Psychotherapy: Theory, Research and Practice, 17, 294-303.

Gellen, M. I., Hoffman, R. A., Jones, M., & Stone, M. (1984). Abused and nonabused women: MMPI profile differences.

Goodstein, R. K., & Page, A. W. (1981). Battered wife syndrome: Overview of dynamics and treatment. American Journal of Psychiatry, 138, 1036-1043.

Hartik, L. M. (1982). Identification of personality characteristics and self-concept factors of battered wives. Palo Alto, CA: R and E Research Associates.

Hilberman, E. , & Munson, K. (1977-78). Sixty Battered Women. Victimology: An International Journal, 2, 460-470.

Hofeller, K. H. (1983). Battered women, shattered lives. Palo Alto, CA: R and E Research Associates.

Kuhl, A. (1984). Personality Traits of Abused Women: Masochism myth refuted. Victimology: An International Journal, 9, 450-463.

Labell, L. S. (1979). Wife abuse: A sociological study of battered women and their mates. Victimology, 4, 258-267.

Launius, M. H., & Jensen, B. L. (1987). Interpersonal problem-solving skills in battered, counseling, and control women. Journal of Family Violence, 2, 151-162.

Maertz, K. F. (1989a). Cognitive variables related to the psychological adjustment of battered women. Unpublished manuscript, Department of Educational Psychology, University of Alberta.

Martin, D. (1981). Battered wives. San Francisco, CA: Volcano Press.

Mills, T. (1985). The assault on the self: Stages in coping with battering husbands. Qualitative Sociology, 8, 103-123.

Morrison, R. L., Van Hasselt, V. B., & Bellack, A. S. (1987). Assessment of assertion and problem-solving skills in wife abusers and their spouses. Journal of Family Violence, 2, 227-238.

Painter, S. L., & Dutton, D. (1985). Patterns of emotional bonding in battered women: Traumatic bonding. International Journal of Women's Studies, 8, 363-375.

Pfouts, J. H. (1978). Violent families: Coping responses of abused wives. Child Welfare, 57, 101-111.

Pressman, B. (1984). Family violence: Origins and treatment. Guelph, Ont: Canadian Cataloging in Publication Data.

Pressman, B. (1987). The place of family-of-origin therapy in the treatment of wife abuse. Family Therapy Collections, 21, 45-56.

Rosenbaum, A., & O'Leary, K. D. (1981). Marital violence: Characteristics of abusive couples. Journal of Consulting and Clinical Psychology, 49, 63-71.

Rounsaville, B. J. (1978). Battered wives: Barriers to identification and treatment. American Journal of Orthopsychiatry, 48, 487-494.

Snell, J. E., Rosenwald, R. J., & Robey, A. (1964). The wife beater's wife. Archives of General Psychiatry, 11, 107-112.

Star, B. (1978). Comparing battered and non-battered women. Victimology, 3, 32-44.

Star, B., Clark, C. G., Goetz, K. M. , & O'Malia , L. (1979). Psychosocial aspects of wife battering. Social Casework, 60, 479-487.

Walker, L. E. (1977-78). Battered women and learned helplessness. Victimology: An International Journal, 2, 525-534.

Walker, L. E. (1979). The battered woman. New York: Harper and Row.

Walker, L. E. (1983). Victimology and the psychological perspectives of battered women. Victimology: An International Journal, 8, 82-104.

Wetzel, L., & Ross, M.A. (1983). Psychological and social ramifications of battering: Observations leading to a counseling methodology for victims of domestic violence. Personnel and Guidance Journal, 61, 423-428.

5. Empirical Analysis of the Self-defeating Beliefs of Battered Women

A growing body of research in the seventies and eighties has focused on identifying common characteristics of battered women (Star, 1978; Rosenbaum & O'Leary, 1981; Hartik, 1982; Kuhl, 1984). Along these lines, one specific area that has received some, although limited attention relates to the common beliefs or cognitions of women who have experienced an abusive relationship. Several descriptive reports (Hilberman and Munson, 1977-78; Follingstad, 1980; Ferraro, 1983; Ferraro and Johnson, 1983; Painter and Dutton, 1985; Pressman, 1987; Douglas & Strom, 1988) suggest the existence of a common set of potentially self-defeating or dysfunctional beliefs within this population. Each of these reports provide a revealing although limited picture of these beliefs, however. More recently, the present author (Maertz, 1989b) attempted to yield a more comprehensive view of this belief system. Through in-depth interviews with ten battered women who were temporarily residing in a women's shelter, a large number (i.e., 114) of potentially self-defeating cognitions were identified which on further analysis seemed to fall into 14 themes. These underlying beliefs included:

1. He will change such that he is no longer abusive.
2. The needs of others are more important than my own needs.
3. I cause the abuse. He is not responsible.
4. The consequences of other people finding out about the abuse will be negative.
5. I can stop my partners abusive behavior pattern.
6. Leaving the abusive relationship would have negative consequences which I could not handle.
7. There are no other options to the abusive relationship.
8. The abusive behavior is somehow normal and/or acceptable.
9. I possess a defect of some kind.
10. Love and/or the marital bond overrides all else, including the abuse.

11. The mother (wife) should take complete responsibility for keeping the family healthy and together.
12. The abusive male has redeeming qualities which make up for the abuse.
13. Things can't really be the way they are (denial).
14. I deserve the abuse. (Maertz, 1989b, p.110-111)

This study appeared to both confirm the beliefs identified by previous literature in the area and provide a more comprehensive description of these beliefs. However, this research had limited generalizability in that these themes were based on a small sample of ten women who may or may not be considered representative of the larger population of battered women. To overcome this shortcoming, the present research was undertaken. The primary objective of the present study was to use an empirical approach to confirm the existence of these previously identified beliefs in a larger sample of battered women.

Generally speaking, literature in the area of cognitive therapy (Ellis, 1973; Beck, 1976) indicates that people who hold irrational, dysfunctional or self-defeating beliefs are more susceptible to stress, unhappiness and emotional disturbance. As well, it could be argued that such people would be more likely to suffer from low self-esteem. To date, little investigation has gone into establishing whether or not a relationship exists between the number of irrational beliefs battered women hold and their self-esteem. A study by Maertz and Calder (1989a), gave some preliminary evidence that the number of irrational beliefs held by battered women was related to their level of self-esteem. Using the Rational Behavior Inventory (RBI) to assess irrational beliefs and the Culture Free Self Esteem Inventory to measure self-esteem, a significant negative correlation ($r=-.4886$, $p=.000$) was found between these variables. These findings suggested that another interesting relationship worth investigation is between the specific self-defeating beliefs already discussed and the self-esteem of these women. There has been no empirical investigation into this relationship to date. Since many programs for battered women

have as a primary goal raising the self-esteem of participants, it seems important to determine whether the number of self-defeating beliefs a woman holds is related to her level of self-esteem.

In summary, the following research questions were the primary focus of inquiry in this investigation. First, using a self-administered assessment instrument, to what extent do battered women report holding the self-defeating beliefs that have been previously identified? Second, is there a relationship between the number of self-defeating beliefs held by these women and their assessed self-esteem?

Method

Subjects

The 100 subjects who volunteered for this study had at some point in their lives been in an abusive relationship with a male partner and were either temporarily residing in an Alberta Women's Shelter or were attending a treatment group there. Seventy percent of the women were seeking temporary refuge in one of the shelters and thirty percent were attending groups there but were not at that time staying at a shelter.

To describe this sample more fully, the average age of these women was 31.8 years. The youngest woman was 17 years old and the oldest 59 years of age. In terms of their marital status, 11 percent reported being single, 28 percent married, 33 percent separated, 10 percent divorced and 17 percent were living common-law. Sixty-four percent of the women were full-time homemakers, while 21 percent worked full-time outside the home, and 14 percent were working part-time. Forty-two percent of the abusive partners were unemployed. Years of formal education varied considerably from grade one up to seven years of post-secondary training. The average education level was 11.3 years. The number of children these women had ranged from zero up to eight with a mean of 2.4. Generally speaking, the length of their most recent abusive relationship was quite long, averaging 8.25 years. However, this again varied markedly from six months to 39 years. Within these relationships, the length of reported abuse varied from one month in length up to 39 years. Slightly over seven years was the average. In regard to the nature of the abuse

reported, 39 percent reported physical abuse in the last month, 58 percent had been physically abused in the past year and 68 percent had been physically assaulted by a male partner over the course of their lifetime. Mental abuse was reported by 59 percent of the sample over the past month, 67 percent over the past year, and 75 percent over their lifetime. Twenty-one percent reported sexual abuse by a male partner over the past month, 32 percent over the past year and 44 percent over their lifetime. Many of these women had, in fact, been out of their abusive relationships for some time, on the average 241 days. However, this ranged from just one day up to nine years. As a measure of the severity of this abuse, on the average, these women experienced 2.5 hospital visits as a result of the injuries incurred from the abuse. This varied from no hospitalization to as many as 25 hospital visits. A slightly different question was asked about how many times they felt they should have been admitted to the hospital. On the average, this was considerably higher at just over seven visits. Many of these women had left their partners on more than one occasion as a result of the abuse. Eleven percent reported having never left for more than two nights, 20 percent left one time, 18 percent two times, ten percent three times and 40 percent reported leaving over three times. The average value for those who left more than three times was nine separations, with a high of fifty. As well, half of these women reported being in previous abusive relationships with a male partner. Thirty-five women were in one other, six women were in two others, two women were in three others, four women were in four others, one woman was in five others, and one woman reported being in ten other abusive relationships. In the sample of women, 38 percent also reported being physically abused as a child. Of the seventy women in the sample who were at that time residing in a shelter, the average stay was just over 18 days. This varied from one day up to 270 days. Finally, the average number of shelter visits for these women was 1.5, with a maximum of ten visits.

Measures

The questionnaire (Appendix F) which was developed contained three separate parts.

Part one: This section consisted of 17 questions which collected largely demographic information and data on the nature and extent of abuse.

Part two. In the second part of the questionnaire, a 70-item instrument was devised by the author which was designed to assess the self-defeating beliefs of battered women. For reference purposes, this inventory will be called the Self-defeating Beliefs Scale. Each question consisted of a potentially self-defeating statement which related to their abusive relationship, and required two types of responses. First, they were asked whether or not they felt they ever held the belief, and could respond yes or no. Secondly, they were asked to what extent they presently held the belief. This required responding on a 5 point Likert scale with 1 representing strongly disagree and 5 strongly agree. The questions in this survey were constructed from the 14 themes identified in the previous study by Maertz (1989b). Five questions for each of the 14 themes were included, yielding a total of 70 questions.

Part three. The final section of the questionnaire consisted of the Culture-Free Self-Esteem Inventory (Battle, 1981). The Culture-Free SEI is a 40-item self report scale which is designed to measure individual, general, personal and social self-esteem. Reliability checks of internal consistency reveal an alpha (Kr20) of .78 for the general subscale, .57 for the social subscale and .72 for the personal subscale. Test-retest reliability is .81 over an unspecified period. Validation research indicates that the Culture-Free SEI correlates favorably with other measures of personality, for example, with the Beck Depression Inventory, the Minnesota Multiphasic Personality Inventory (Battle, 1980), and with other self-esteem inventories (Battle, 1977).

Procedure

The 127-item questionnaire which was utilized in this study was administered on a voluntary and anonymous basis to the subjects. A total of 300 questionnaires were originally sent out to 14 shelters across Alberta. Shelter directors were contacted both in writing (Appendix G) and by phone to encourage their participation in the study. Twelve of these shelters ended up

participating in the study. Questionnaires were collected over a two-month period during May and June of 1989. Data analysis was begun when 100 questionnaires had been collected.

Data Analysis

Basic descriptive statistics were collected for the demographic and abuse variables for Part 1 of the questionnaire. For Parts 2 and 3, an item by item frequency count of responses was obtained. In addition, correlations were calculated for each of the belief variables, the self-esteem scale and several relevant demographic variables. As well, a t-test for independent samples was used to determine the significance of differences found on the self-esteem scale and the published norms for this test.

Results

The first research question asks to what extent battered women hold a variety of possible self-defeating beliefs. To answer this question, two sets of data are presented in Table 5-1

Table 5-1

Percentage of Women Holding Self-defeating Beliefs by Item

Theme	Self-defeating Belief	% Holding Belief: Ever	% Holding Belief: Presently
1	It was only one hit. It won't happen again.	68.1	20.8
	One day he will realize what he is doing to me and will stop.	72.9	25.0
	The abuse won't happen again.He was really hurting when I left him.	66.7	18.8
	The abuse is just a mistake. It won't happen again.	62.1	10.7
	Abusive males stop abusing their partners over time.	42.6	16.3
2	Whatever he's like, children need a father.	60.0	18.8
	I don't care what happens to me. My only concern is my children.	68.5	31.6
	Sex is a wife's duty, whether you want it or not.	50.0	11.6
	I would feel extremely guilty and responsible for what happens to my husband (partner) if I ended the relationship.	64.2	26.3
	The needs of battered women should be second to the needs of their families.	49.5	17.7
3	I'm not always sure what, but I feel I do something to cause the abuse.	69.1	22.9
	It's my fault because I let him abuse me and I didn't leave.	78.1	38.9
	If I entered a new relationship and it wasn't abusive, I would somehow make it that way.	27.1	12.7
	I've got my problems. I can't really blame him for the abuse.	50.0	14.6
	Battered women somehow cause the abuse to happen to them.	48.4	14.8
4	I could not handle the embarrassment of going to a women's shelter for the abuse.	36.6	21.3

	I don't want anyone to know what is happening. They will feel sorry for me.	57.4	22.1
	No one will believe me if I tell them about the abuse.	59.6	20.2
	I can't tell anyone. They will blame me for provoking the abuse.	57.3	16.7
	Battered women should be afraid of other people finding out about the abuse.	34.4	11.4
5	If I try hard enough to please him, the abuse will not occur.	74.0	20.8
	If I can fulfill his every need, he will not abuse me.	65.6	17.7
	I can fight back against my abusive partner. I'm not helpless.	57.3	45.9
	I have the power to solve my husband's (partner's) problems, including the abuse.	52.1	9.4
	Women can stop their partners abusive behavior pattern.	51.0	37.5
6	If I leave him, he will find a way to take my children away from me.	66.3	28.0
	I'll never meet another man if I leave this relationship.	58.9	24.8
	I can't survive without him.	58.3	12.6
	This relationship is the only security I have. I need to hold onto it.	61.5	16.7
	Leaving an abusive relationship would have negative consequences which the abused woman could not handle.	49.0	10.7
7	I have no choice but to stay with him.	54.3	13.8
	Why look for another man? They're all the same anyway.	59.4	19.8
	There's nothing I can do to stop the abuse.	64.2	18.8
	There is no other man in the world for me. He is the only man I could love.	52.6	14.6
	Battered women have no real options to the abusive relationship.	49.5	11.6
8	What he does isn't really abuse.	53.8	10.4
	Some physical abuse is a normal part of any relationship.	31.6	10.7
	At times, violence is an acceptable means of venting one's anger.	37.2	9.7
	Being a woman in our culture means you can expect some abuse.	40.0	14.0

	Some abusive behavior in a relationship is normal and/or acceptable.	42.7	10.6
9	I can't do anything right.	67.4	20.6
	I don't know why I'm upset all the time. I should be able to handle this situation.	74.0	31.2
	I keep going back. I must be crazy.	79.2	32.6
	There must be something wrong with me if I can't maintain this relationship.	67.4	17.9
	Battered women possess a personality problem of some kind.	50.0	29.1
10	He said he loved me, so I'll do anything to keep the relationship going.	73.7	26.1
	You have to stick with your husband (partner) through anything, for better or worse.	53.1	12.5
	Any relationship is better than no relationship.	44.2	11.5
	Only trashy people get divorced.	26.0	5.3
	For women, love and/or the marital bond should be more important than anything, including the abuse.	45.3	11.6
11	The mother's role in the home is to keep the family together.	71.6	33.3
	The mother makes or breaks the home. She is the emotional backbone of the family.	63.5	23.1
	If something goes wrong in the family, the mother is at fault and should take responsibility.	35.5	10.7
	Mothers should have all the answers.	44.2	8.4
	Battered women should take complete responsibility for keeping the family together and healthy.	47.9	14.0
12	He might be abusive, but underneath he is a really good man.	90.5	40.2
	There's something about this kind of male that is exciting.	47.9	21.7
	Except when he is drinking, he is the perfect man.	30.9	15.2
	He used to be so different. I know that side of him will return some day.	72.9	21.9
	Abusive males have certain qualities which make up for the abuse.	63.2	14.7
13	It's not that I really believe the relationship will change (i.e., be non-abusive), but that I want to believe that it will be	81.1	35.8

	different.		
	This (the abuse) can't be happening to me.	80.0	32.6
	I shouldn't be afraid of him. He wouldn't really hurt me.	45.8	12.6
	This situation isn't really as bad as I think. I'm just over-reacting.	64.2	15.8
	The abuse isn't as bad as many battered women make out.	32.3	11.5
14	I seem to attract the abusive type of man.	58.5	35.5
	I don't deserve anything better.	48.4	10.7
	What he complains about is usually true, so I probably deserve the abuse.	50.5	12.7
	I don't really understand his culture so I guess I do things that cause him to abuse me.	37.9	12.9
	Women who have been abused deserve the abuse to some extent.	28.4	6.4

It is immediately evident from Table 5-1 that the women in this sample reported that they at some time held large numbers of these self-defeating beliefs. Some of the beliefs held by the greatest number of battered women include: "He might be abusive, but underneath he is a really good man." (90.5%), "It's not that I really believe the relationship will change (i.e., be non-abusive), but that I want to believe that it will be different." (81.1%), and "This (the abuse) can't be happening to me." (80.0%). Statements which received the lowest response include: "Only trashy people get divorced." (26.0%), "If I entered a new relationship and it wasn't abusive, I would somehow make it that way." (27.1%), and "Women who have been abused deserve the abuse to some extent." (28.4%).

As well, these results show that women report at least at one time holding beliefs under each of the 14 themes delineated by our previous research (Maertz, 1989). The average percentage of women responding to items under each of these themes is presented in Table 5-2.

Table 5-2

Percentage of Women Holding Self-defeating Beliefs by Theme

Theme	% Holding Belief	
	Ever	Presently
1. He will change such that he is no longer abusive.	62.5	18.3
2. The needs of others are more important than my own needs.	58.4	21.2
3. I cause the abuse. He is not responsible.	54.5	20.8
4. The consequences of other people finding out about the abuse will be negative.	49.1	18.3
5. I can stop my partners abusive behavior pattern.	60.0	26.7
6. Leaving the abusive relationship would have negative consequences which I could not handle.	58.8	18.8
7. There are no other options to the abusive relationship.	56.0	15.7
8. The abusive behavior is somehow normal and/or acceptable.	41.1	11.1
9. I possess a defect of some kind.	67.6	26.3
10. Love and/or the marital bond overrides all else, including the abuse.	48.5	13.4
11. The mother (wife) should take complete responsibility for keeping the family healthy and together.	52.5	17.9
12. The abusive male has redeeming qualities which make up for the abuse.	61.1	22.7
13. Things can't really be the way they are (denial).	60.7	21.7
14. I deserve the abuse.	44.7	15.6

These results indicate that the most common theme among these women was that they themselves possessed a personality defect of some kind. Of the women in the sample, 67.7% at one time held this belief. The second most widely held belief in terms of these overall themes, held by 62.5 percent of the sample, was that their abusive partners would change and somehow become non-abusive over time. The least reported belief was that the abusive behavior was normal and/or acceptable, although this was still reported to have been held by 41.1 percent of the sample.

Significant also in these results are differences reported between the numbers of beliefs ever held and the numbers of beliefs presently held. The percentage of subjects presently reporting they held these beliefs is on the whole markedly lower than that were reporting they ever held the belief. Beliefs presently held by the highest number of subjects included: "I can fight back against my abusive partner. I'm not helpless." (45.9%), "He might be abusive, but underneath he is a really good man." (40.2%), and "It's my fault because I let him abuse me and I didn't leave." (38.9%). Those statements receiving the least response include: "Only trashy people get divorced." (5.3%), "Women who have been abused deserve the abuse to some extent" (6.4%), and "Mothers should have all the answers." (8.4%).

Looking again at Table 5-2 for the overall themes, the most common belief reported to be presently held by the women was that they could in some way stop their partner's abusive behavior pattern. This was seen as possible by complying with whatever their partners wanted or by somehow changing their partners. Although this was the most reported theme, still only 26.7 percent of the women responded affirmatively to such items. The second most common theme was that they possessed a defect of some kind. An average of 26.3 percent of the women agreed with self-defeating statements under this theme. The least reported theme which had an average response rate of 11.1 percent was that the abusive behavior was a normal part of a relationship.

The second primary research question asked whether there is a relationship between the number of self-defeating beliefs held by these women and their assessed self-esteem. The correlations presented in Table 5-2 indicate that indeed there is a significant relationship between the self-defeating beliefs and the self-esteem of these women. The correlation between the number of self-defeating beliefs ever held and self-esteem is negative .261 ($p<.005$). The correlation between the number of self-defeating beliefs presently held and the assessed self-esteem of these women was negative .348 ($p<.000$).

Overall, the self-esteem of this sample of battered women was found to be significantly lower ($t=-7.95, p<.0005$) than the norm population, as measured by the Culture-Free SEI. The mean score for the sample was 16.16 (SD=6.40) compared to a value of 23.23 (SD=5.66) for the norm group.

Interestingly, no real correlation ($r=-.001$) was found between the number of self-defeating beliefs women reported ever holding and the number of self-defeating beliefs they presently reported holding.

Other correlations worth noting include a significant positive correlation ($r=.277$, $p<.003$) between the time women have spent away from the abuse and the number of self-defeating beliefs they have ever held. As well, a statistically significant although small positive correlation ($r=.1910$, $p=.034$) was found between the number of hospital visits and the number of self-defeating beliefs ever held, and between the number of visits to a women's shelter and the number of self-defeating beliefs presently reported by these women. This later correlation was positive .193 ($p<.030$). One final significant correlation ($r=-.2453$, $p<.007$) was found between the number of shelter visits and the self-esteem of these women.

Discussion

This article describes an empirical investigation into the self-defeating or dysfunctional beliefs of women who have experienced the impact of an abusive relationship, and explores the relationship between these beliefs and the self-esteem of these women. The findings indicate

that, in particular, when women are in the midst of these relationships, a significant proportion may take actions which are dictated by a number of possibly self-defeating beliefs. These self-defeating beliefs may in turn serve to inadvertently perpetuate the abuse.

None of these self-defeating cognitions are reported to be held by all of the women. In fact, the percentage having held specific dysfunctional cognitions ranges from 90.5 down to 26.6 percent, and the number reporting the more general themes ranged from 67.6 to 41.1 percent. However, it is not the writer's intent to claim the universality of these beliefs among battered women. What is indicated is that significant numbers of battered women hold beliefs which have developed to a greater extent over the course of an abusive relationship, that are probably unhealthy and need to be changed. Other descriptive literature has identified these beliefs. What this study does is give some empirical conformation of their presence, and some information regarding the extent to which they are present in this population.

It is also clear from these findings that many of these women, since leaving their abusive relationships, no longer report holding these beliefs. From 45.9 to 5.3 percent reported presently holding some of these more specific cognitions, and from 26.7 to 11.1 percent agreed with statements supporting the general themes. This is probably a function of the fact that many of these women pursued treatment programs (at least 30%) which either indirectly or directly challenged these beliefs. As well, on the average, these women had been out of their abusive relationship for around eight months, so many changes in their thinking would no doubt have occurred during this time.

These findings also provide empirical conformation for a relationship between the number of self-defeating beliefs held by these women and their self-esteem. Those women who held the highest numbers of self-defeating beliefs were also the women with the lowest self-esteem. However, this research could not by its very nature establish a causal link between these two variables. What one would like to be able to say is that by challenging the self-defeating beliefs

identified, the self-esteem of these women would be increased. However, other variables which correlate with these and which are yet unstudied, need to be further pursued.

A biproduct of this investigation is an assessment tool which could be used by the clinician to serve as a preliminary device to identify which beliefs individual battered women may hold. Each of the items in the scale received at least some (no less that 26 percent) of the response, so all appear to be worth inclusion in the scale. Of course, such an instrument would benefit from much greater psychometric scrutiny than is provided in the present investigation. It was not the intent of this investigation to create a psychometricly sound inventory. Nonetheless, it is believed that in its present form it could prove useful to the clinician. Further development and validation of such a tool would be a worthy direction for future investigation.

Future research should also be directed toward more empirical investigation into the impact of holding these beliefs. Whether they are judged as self-defeating is really no more than a judgement which is based on the author's own understanding of the literature and clinical work in the area. The question is, "In what ways are these beliefs self-defeating?" A much more specific understanding along these lines is necessary.

References

Beck, A. T. (1976). Cognitive therapy and the emotional disorders. New York: International Universities Press.

Ellis, A. (1973). Humanistic psychotherapy: The rational-emotive approach. New York: McGraw-Hill.

Douglas, M. A. & Strom, J. (1988). Cognitive therapy with battered women. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 6, 33-49.

Ferraro, K. J. (1983). Rationalizing violence: How battered women stay. Victimology, 8, 203-212.

Ferraro, K. J., & Johnson, J. M. (1983). How women experience battering: The process of victimization. Social Problems, 30, 325-339.

Follingstad, D. R. (1980). A reconceptualization of issues in the treatment of abused women: A case study. Psychotherapy: Theory, Research and Practice, 17, 294-303.

Hartik, L. M. (1982). Identification of personality characteristics and self-concept factors of battered wives. Palo Alto, CA: R and E Research Associates.

Hilberman, E. , & Munson, K. (1977-78). Sixty Battered Women. Victimology: An International Journal, 2, 460-470.

Kuhl, A. (1984). Personality Traits of Abused Women: Masochism myth refuted. Victimology: An International Journal, 9, 450-463.

Maertz, K. F. (1989a). Cognitive variables related to the psychological adjustment of battered women. Unpublished manuscript, Department of Educational Psychology, University of Alberta.

Maertz, K. F. (1989b). Identification of the self-defeating beliefs of battered women. Unpublished manuscript, Department of Educational Psychology, University of Alberta.

Painter, S. L., & Dutton, D. (1985). Patterns of emotional bonding in battered women: Traumatic bonding. International Journal of Women's Studies, 8, 363-375.

Pressman, B. (1987). The place of family-of-origin therapy in the treatment of wife abuse. Family Therapy Collections, 21, 45-56.

Rosenbaum, A., & O'Leary, K. D. (1981). Marital violence: Characteristics of abusive couples. Journal of Consulting and Clinical Psychology, 49, 63-71.

Star, B. (1978). Comparing battered and non-battered women. Victimology, 3, 32-44.

6. Summary and Discussion

This chapter consists of a summary of the major theoretical findings and implications of the research project undertaken. In summarizing this research, the relationship between the separate studies in this project will be emphasized as well as the connection between these studies and the larger area of spousal abuse. Some of the limitations of this research will be discussed with further suggestions for future research presented.

Summary

Since the ultimate direction of this research project was not preset, but instead developed progressively as a function of the results of preceding studies, the project had no single unifying purpose. Instead, each individual study within the research project had its own objectives which are both distinct but interconnected between studies. This research will be briefly described in general terms along with the results and conclusions it has yielded.

The starting point for this investigation was a general review of the spouse abuse literature. Emphasis was placed on developing an understanding of the numerous psychological variables related to the abuse.

Based on this review and the ensuing findings from each study, three major questions relating to the present research project arose. The first question posed was: "Is there a relationship between different psychological adjustment variables such as stress, coping strategies, beliefs and self-esteem, within an abused population of women?" Second, "Are there specific beliefs which are held by battered women which are potentially detrimental to their psychological well-being?" Third, "If these self-defeating or dysfunctional beliefs exist, to what extent are they held within the larger population of battered women?" These questions provided a general guide for the direction of the three investigations undertaken in this project.

In the first study (Maertz, 1989a), a sample of 45 battered women was assessed on four variables, including their relationship stress, coping strategies, beliefs and self-esteem. The results indicated several significant findings. First, these women as a group were found to have

significant deficits both in terms of their coping strategies and self-esteem. Second, a significant positive correlation was found between coping strategies and self-esteem in that women who were found to hold the highest number of coping strategies were also found to report having the greatest self-esteem. Third, a significant negative relationship was found between self-esteem and the irrational beliefs of these women. Women with the least number of irrational beliefs as defined by Ellis (1973) were thus found to have the highest self-esteem. Despite this relationship, the most surprising finding was that on the average, these women reported significantly less irrational beliefs as measured by the Rational Behavior Inventory (Shorkey and Whiteman, 1977) than the population the test was normed on. It was this finding that was most interesting and provided the impetus for further investigation. The question arose: "If battered women are not plagued by the irrational beliefs Ellis speaks of, are there other more specific self-defeating beliefs present in this population?" A more detailed review of the literature provided evidence for several self-defeating beliefs within this population, but none of these reports (Hilberman and Munson, 1977-78; Follingstad, 1980; Ferraro, 1983; Ferraro and Johnson, 1983; Painter and Dutton, 1983; Pressman, 1987; Douglas and Strom, 1988) had attempted to delineate these beliefs on any kind of exhaustive basis. Thus, the results from this first study, along with the apparent gaps in the literature, gave birth to the second investigation.

The purpose of the second study (Maertz, 1989b) was to identify as many self-defeating beliefs as possible, and in turn, confirm those already identified in the literature. Since no existing inventories were designed to assess these kinds of beliefs, it was felt that this could best be achieved by a series of interviews. Thus, the second inquiry involved interviews with ten battered women using a schedule of questions as a guide to elicit information about their belief system. These interviews yielded a number (i.e., 114) of potentially self-defeating statements which on further analysis, fell into 14 themes. The 14 themes included:

1. He will change such that he is no longer abusive.
2. The needs of others are more important than my own needs.

3. I cause the abuse. He is not responsible.

4. The consequences of other people finding out about the abuse will be negative.

5. I can stop my partners abusive behavior pattern.

6. Leaving the abusive relationship would have negative consequences which I could not handle.

7. There are no other options to the abusive relationship.

8. The abusive behavior is somehow normal and/or acceptable.

9. I possess a defect of some kind.

10. Love and/or the marital bond overrides all else, including the abuse.

11. The mother (wife) should take complete responsibility for keeping the family healthy and together.

12. The abusive male has redeeming qualities which make up for the abuse.

13. Things can't really be the way they are (denial).

14. I deserve the abuse. (p. 110-111)

Although these themes could not be considered mutually exclusive, they did appear to possess some distinct features. By and large, this study confirmed previous literature and provided a more comprehensive picture of these self-defeating beliefs. This study provided qualitative evidence for the existence of these beliefs.

However, because only ten battered women served as the sample for this study, it was apparent that these beliefs may be unique to this group. This study provided little information about the extent to which these beliefs are held by battered women in general. No previous research has investigated these beliefs on a quantitative basis.

Thus, the need for the third and final study (Maertz, 1989c) in this research project was indicated. This study was designed to provide some empirical evidence for the extent that these dysfunctional beliefs are held in this population. Derived from the themes revealed by the previous study, a 70 item survey was constructed to assess these beliefs. A sample of 100

women was then administered the survey to determine the prevalence of these beliefs in this larger group. Women were asked both about whether they ever held these beliefs and the extent that they felt they presently held them. Information in both of these areas was deemed necessary since the sample consisted of women who had at least temporarily left their relationships. It seemed reasonable to assume that these women would have changed their beliefs to some extent before making the decision to leave their partners. The results in fact very much confirmed this assumption. These women reported once holding high numbers of these self-defeating beliefs, however, they presently reported relatively few. These findings suggested that if these beliefs are indeed found to be self-defeating, they need to be the focus of change.

Some indication that these beliefs are unhealthy was provided by another part of this study. This sample was also given the Culture-Free Self-esteem Inventory to assess their level of self-esteem. The interrelationship between this variable and the number of self-defeating beliefs held by these women was then determined. Lending some support for the notion that these beliefs are dysfunctional, it was found that those women who reported either presently or ever holding the greatest number of self-defeating beliefs were also those women who were significantly lower in self-esteem.

A biproduct of this final investigation was the development of a survey instrument which could be used by the clinician to identify which self-defeating beliefs battered women hold, and to determine how strongly they are held. This is the kind of tool that would be particularly useful in a group setting where time is seldom available to pursue on an individual basis the beliefs of group members. This instrument could serve as a useful guide, if used along with other measures such as a self-esteem scale, to assess a woman's individual progress in therapy. Another useful application of such a survey would be to serve as a pre-test and post-test measure to evaluate the success of a program designed to challenge these dysfunctional beliefs.

Suggested Research

Within this research project, as with any research, there are inherent limitations which suggest several avenues for future research. Some of these limitations and suggestions for further research have already been discussed within the individual studies. Other more general areas will be revealed here.

First, because this research focused on the self-defeating beliefs of battered women exclusively, no information is available to compare to what extent these beliefs are present in other populations, for example, among women in general, or among women who are still in their abusive relationships and have not made a decision to leave. Information in each of these areas would provide a very useful grounds for comparison.

Second, another limitation in this study was that in identifying these self-defeating beliefs using the Self-defeating Beliefs Scale respondents were required to be both honest and insightful in regard to their beliefs. This, however, may not be an entirely accurate assumption. This suggests the need to develop other assessment tools which can uncover these same beliefs in possibly more subtle ways. Direct questioning as was used in this study may yield responses that the women in the sample feel they should give rather than those based on their underlying belief system. Assessment using more projective measures may be one of the answers to this problem.

Third, although this research has made some progress toward identifying these self-defeating beliefs and quantifying the extent to which they are present among battered women, it leaves untouched directions for how these beliefs might be changed. Only a few reports (Follingstad, 1980; Douglas & Strom, 1988) exist which suggest strategies to challenge these dysfunctional beliefs. A logical extension of this research then would be the development of a cognitively based treatment program which would provide specific strategies to attack this belief system. For example, for each theme revealed in this research project, a series of logical arguments and factual information to refute these dysfunctional beliefs could be developed.

These kind of materials would appear to be very useful to the many treatment groups in development across North America today which appear to be in want of some kind of more structured techniques to enhance the psychological well-being of these women.

One final area of potential inquiry which did not receive attention in the present investigation relates to the beliefs of the abusive males. Do these men hold a similar set of beliefs that serve to reinforce these thoughts in their partners? Or do they instead have their own set of dysfunctional beliefs that maintain their abusive behavior pattern? Further research along these lines seems warranted.

References

Douglas, M. A. & Strom, J. (1988). Cognitive therapy with battered women. Journal of Rational-Emotive and Cognitive-Behavior Therapy, 6, 33-49.

Ellis, A. (1973). Humanistic psychotherapy: The rational-emotive approach. New York: McGraw-Hill.

Ferraro, K. J. (1983). Rationalizing violence: How battered women stay. Victimology, 8, 203-212.

Ferraro, K. J., & Johnson, J. M. (1983). How women experience battering: The process of victimization. Social Problems, 30, 325-339.

Follingstad, D. R. (1980). A reconceptualization of issues in the treatment of abused women: A case study. Psychotherapy: Theory, Research and Practice, 17, 294-303.

Hilberman, E. , & Munson, K. (1977-78). Sixty Battered Women. Victimology: An International Journal, 2, 460-470.

Maertz, K. F. (1989a). Cognitive variables related to the psychological adjustment of battered women. Unpublished manuscript, Department of Educational Psychology, University of Alberta.

Maertz, K. F. (1989b). Identification of the self-defeating beliefs of battered women. Unpublished manuscript, Department of Educational Psychology, University of Alberta.

Maertz, K. F. (1989c). Empirical analysis of the self-defeating beliefs of battered women. Unpublished manuscript, Department of Educational Psychology, University of Alberta.

Painter, S. L., & Dutton, D. (1985). Patterns of emotional bonding in battered women: Traumatic bonding. International Journal of Women's Studies, 8, 363-375.

Pressman, B. (1987). The place of family-of-origin therapy in the treatment of wife abuse. Family Therapy Collections, 21, 45-56.

Appendix A

Stress, Coping and Beliefs Study

The following questionnaire is used to gather information for a study being carried out through the University of Alberta. This study seeks to find out how women cope with the stress of an abusive relationship and how the abuse has affected their beliefs and self-esteem. It is hoped that this information can be used to further develop programs for those who have been either physically or psychologically abused in their relationships.

Your participation in this study is requested, however it should be considered strictly **voluntary.** The accompanying questionnaire should take approximately 30 minutes to complete and is to be returned to shelter personnel. Please answer all questions giving the response that first comes to your mind. There are no right or wrong answers for the questions asked in this survey. There is also no need to put your name anywhere on the questionnaire. All responses will be kept confidential.

I thank you for your assistance in this project. If you have any questions concerning the study or questionnaire please feel free to contact me at 962-8933 (evening) or Dr. Calder at 432-3696 (daytime).

Kim Maertz, M.Ed.
Department of Educational Psychology
University of Alberta

Dr. Peter Calder
Supervising Professor
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PART 1

1. What is your age? _____

2. Please indicate your marital status.(circle one)

   1. Single
   2. Married
   3. Separated
   4. Divorced
   5. Common-law

3. What is the length of your present relationship? _____

4. What is your present work status? (circle one)

   1. Working full-time inside the home.
   2. Working full-time outside the home.
   3. Working part-time outside the home.

5. Is your husband/partner currently employed? (circle one)

   1. Yes
   2. No

6. How many years of formal education do you have? _____

7. How long has your present abuse been going on? _____

8. How many children do you have? _____

9. Using the appropriate number please specify how frequently you have been abused in each of the following categories.

   1. Never
   2. Once
   3. Monthly
   4. Weekly
   5. Daily
   6. On a very erratic basis

   _____ Physical abuse
   _____ Sexual abuse
   _____ Mental abuse
   _____ Abuse or threats of abuse to your children
   _____ Destruction of your property

10. Who have you been abused by? _____

11. How long have you been at the shelter? _____

PART 2

Please circle the number which expresses to what extent each of the following is a problem in your relationship with your husband/partner?

1 indicates it is never a problem

2 indicates it is occasionally a problem

3 indicates it is regularly a problem

4 indicates it is frequently a problem

5 indicates it is always a problem

1.	Money	1	2	3	4	5
2.	Work	1	2	3	4	5
3.	Children	1	2	3	4	5
4.	Relatives	1	2	3	4	5
5.	Physical Illness	1	2	3	4	5
6.	Jealousy	1	2	3	4	5
7.	Sexual Relationship	1	2	3	4	5
8.	Deciding Who's Boss	1	2	3	4	5
9.	Settling Arguments	1	2	3	4	5
10.	Alcohol or Drug Use	1	2	3	4	5
11.	Friends	1	2	3	4	5
12.	Different Life Goals	1	2	3	4	5
13.	Religion	1	2	3	4	5
14.	Household Chores	1	2	3	4	5
15.	Different Leisure Activities	1	2	3	4	5

Pages 149 to 156 have been deleted because of the unavailability of copyright permission. The information omitted includes: the Family Crisis Oriented Personal Evaluation Scale (McCubbin, Olson & Larsen, 1982), the Rational Behavior Inventory (Shorkey & Whiteman, 1977), and the Culture-Free Self-Esteem Inventory (Battle, 1981).

Appendix B

Beliefs Study

A study is being carried out through the University of Alberta which will attempt to get a better understanding of the beliefs of women who have been involved in an abusive relationship. It is hoped that you would be willing to take the time to participate in this study.

Your participation would involve engaging in an interview of approximately forty-five minutes in length. These interviews will take place in the shelter at your convenience. Interviews will involve discussing your abusive situation and some of the thoughts and feelings you have had about it. You will not be pressured into answering any questions you do not feel comfortable with. As well, your identity and all information regarding your particular responses will be kept completely confidential. This information is hoped to enhance programs designed to aid women in your situation, so your participation would be greatly appreciated. Note however that your involvement in this study should be considered strictly **voluntary**.

If you are interested in participating in the study please sign the attached consent form, and you will soon be contacted to set up a time for the interview.

Kim Maenz, M.Ed.
Department of Educational Psychology
University of Alberta

Dr. Peter Calder
Professor
Department of Educational Psychology
University of Alberta

Appendix C

Interview Questions

1. Could you talk briefly about the abuse you have experienced in your relationship(s)?
2. What kind of things did you tell yourself the first time you were abused?
3. Were there any thoughts which typically went through your mind when you experienced the abuse? What were they?
4. Did any of your beliefs change over the time you experienced the abuse? How so?
5. What kind of thoughts lead you to make the decision to leave your partner and come to the shelter?
6. Aside from leaving, could you have done anything to stop the abuse? What?
7. Is anyone to blame for the abuse? Explain.
8. What role did you grow up to believe mothers should play in the family?
9. How is that different from what you believe your role to be?
10. What role did you grow up to believe the wife should play in the marriage?
11. How is that different from what you believe your role to be?
12. What place did violence play in your family when you grew up?
13. Do you think this (violence, or lack of) affected the way you responded to the abuse?
14. Has the abuse in your relationship changed the way you view men? How so?
15. How did you feel other people in your life would respond when they found out about the abuse? How did they actually respond?

Appendix D

Self-defeating Statements

Interview 1

1. I really believed that he would change. He told me he would quit drinking and go to counselling and we'd try to get help whatever way we could.

2. I do want the baby to have a good relationship with his father. I don't want him to grow up without him, not that he would be a positive influence, but a father is a father.

3. I didn't know at the time what I had done to make him so angry, to make him angry enough to do this. I thought maybe if I shut my mouth and didn't say anything. I thought, "What did I do to deserve this? What did I say that was so wrong? Did I step out of line or something?"

4. I was ashamed to go to a house (shelter) at first.

6. I felt like I couldn't do anything right.

7. Maybe people don't understand because it's not his problem, it's mine.

8. I really tried to please him, in every which way I could, so he wouldn't get mad enough to hit me. (Q) Did the pleasing work? (A) No, definitely not. The more I tried to please him, the more he wanted from me.

9. I didn't care anymore, not about myself. I cared what would happen to the kids and what would happen to their home if something happened. It got to the point where when I stabbed him, it was the last straw. If I would have killed him, it wouldn't have mattered to me.

10. I was so scared he was going to take the kids and he had used so much emotional abuse on me about "I'll tell the welfare you are working part-time and they'll take the kids away from you". "I'll tell the welfare that you drink." "I'll tell the welfare that I'm giving you money on the side." "I'll take you to court. I'm making lots of money. I'll take the baby away from you." I was so scared that he would do that, that he could do that.

11. Besides doing whatever I could to please him, there wasn't a thing I could do.

12. (Q) In the midst of the abuse, who did you feel was to blame? (A) Me, totally me.

13. At that point, I felt the only place I could meet another man was in my dreams.

14. I seem to attract the abusive kind of man.

15. They could take advantage of me because as long as they showed me I was wanted, needed and loved, they could keep me dangling on that string.

Interview 2

1. It was only one hit. O.K., I'll give him another chance. One chance lead to another one and another one.

2. No, it wouldn't happen again, because he said he would never do it. He was really remorseful. He kept telling me it would never happen again.

3. I used to keep thinking, "What did I do wrong this time?" I did that for about three years, kept bringing it back on myself.

4. I thought it was me that was causing the problems. . . It came to the point where I believed because I was working and out of the house so much, it was causing problems, so I quit my job and stayed home.

5. The only reason I was there was because of the kids. I didn't want the kids to grow up separated from their dad . . . I didn't want them not knowing who their dad was.

6. I had felt most the blame was on me. . . . I used to think it was me because I wasn't keeping up with the housework, meeting his every need.

7. Because of the kids, I stayed in it.

8. It seemed to me that it was something because I was married, I had to put up with . . . Sex was a wife's duty, whether you wanted it or not.

Interview 3

1. I grew up in a different culture than you, but I've been trying to understand what your culture is. I go along with whatever you please. It's because you always say to me this is the Westernized way men do. I'm trying to do whatever would make him happy.

2. I just want to give up.

3. I blame myself a lot. What did I do wrong?

4. I have no choice but to stay with him.

5. I don't really know that I've been abused. These things that he's doing to me, I don't know that that's abuse. . . . He won't tell you that he's abusing you. It's because he never tells me that. He say, "I never beat you up."

6. I can't figure out why I'm so upset all the time.

7. I don't think there was anything I could have done to stop the abuse.

8. I let him do that to me. It is my fault.

9. Maybe he will realize he's doing these things to me and he will change.

10. Role of the women in family is to take care of your man because that the way we grew up. Try to please them, anything. Cock them supper, clean the house, take the responsibility for the children.

11. I let him abuse me and that's my fault.

12. I never told anyone. . . . They would probably feel sorry for me. . . . I just don't want anyone to know my problem, especially friends. Because I don't feel comfortable and I guess I'm more protecting my husband. . . . I don't want them to think that he is a monster. I don't want them to know what is going on inside my house. Like if you come and visit to my house and you are a friend of mine, you never see if there is something wrong, because we are different, we act normal.

13. (Q) You still believe he will change, do you? (A) Yes.

14. I don't want to lose my marriage. I still want to work out my marriage even though these things happen. I keep telling myself maybe it will work out next time. because he knows how it hurts when I left him. He's really hurt.

15. I believe that it not fair to a man. If you love the man, you have to try to work it out whatever the problem, and maybe it will.

16. I feel I don't deserve to be alive, because I blame myself for what is going on. . . . I'm starting to hate myself.

17. I think sometimes I'm crazy.

Interview 4

1. (Q) What is it you think that makes you go back? (A) I'm crazy, I think. . . . He pretty well told me I was. (Q) What do you think? (A) I started to believe whatever he said. He said I was going crazy. I believed it.

2. I figure when it is my daughter, I'm not going to put up with it. Me, I put up with it for 3 1/2 years

3. (Q) Did any of your beliefs change over time? (A) My beliefs were I thought I still loved him. If I go back with him. I never thought it would be all right though.

4. (Q) Who do you feel is to blame for the abuse? (A) Both of us. Me mostly. Me because I keep going back.

5. I don't talk to my family. I don't have any friends. He never allowed me to go out. The friends I did have stopped calling me. . . . Now, I'm alone kind of with him and I figure at least I have him. That's stupid, I know.

6. I don't think so. Where am I going to go to do this? A bar again, where I met him? (Q) So what is your feeling? (A) I never go anywhere is my feeling. I'll never meet anyone else.

7. What's your fear about meeting someone in a bar? (A) That they would be like him.

8. (Q) What role does a mother play in the family? (A) Household things, doing the duties around the house. . . . He made me do everything. . . do everything he says.

9. (Q) What are your feelings about men? (A) I think they're useless, you don't need them. . . . (Q) You don't see any men that are different out there? (A) No, . . . they're going to be like him.

10. (Q) You think eventually it would end up in the same type of relationship? (A) Yeah, or I would make it like that. I don't know. I feel that being with [him] so long, I start to do things he did and make it that way. Or make him hit me or be mean to my daughter. (Q) Why? (A) I don't know. I've always thought that. Because I feel I'm the cause of why [he] hits me.

11. That's what it comes down to. I don't really care. (Q) Why do you think that it is that you don't care? (A) I've put up with him too long, I think. That's why I don't care. I just don't care. It comes down to all that. I couldn't care less what he did. He's threatened to kill me, and everything, and I don't care anymore.

12. I started to think I was going to go back to get beat up, and I'd try to provoke him. . . . and I asked for it a lot of times. I thought I was used to it, I guess. I got used to it.

13. (Q) Do you feel you still have to take care of him in some way? (A) Yeah, I do. I don't know why. I always have taken care of him.

14. (Q) Say if you went to another city, wouldn't the peace of mind to know you were safe be worth the isolation? (A) Yeah, but I'm more afraid of not knowing anyone. (Q) So you're more afraid of not knowing anyone than you are of getting abused? (A) Yeah, I would, I don't know. (Q) What is the fear? Can you not meet people? (A) I have a really hard time now since he's not let me do anything. . . . If my family's not talking to me, who will?

Interview 5

1. (Q) Did you think it was going to happen again? (A) The first time, no, I didn't think he was going to do it again, because the next day he apologized. He said it wasn't going to happen again, and it happened again.

2. (Q) So did you notice any change in the way you thought about things? (A) I thought that if I could give a couple of babies to my husband, then things would change, but it didn't change.

3. If I do everything he says, then everything will be O.K.

4. (Q) When did you blame yourself? Like for what? (A) I've been blaming myself for awhile, but I didn't admit it to anyone. (Q) What was it that you did? (A) I thought maybe that I didn't do enough, and that's why I blamed myself. I don't really know what he wants from me.

5. That's how I was brought up. Do everything for your husband and for your kids. Whatever you have to do.

6. I feel guilty. I think I should go back, but if I go back, I'm not going for myself. I'm going because I'm feeling sorry, because my husband is crying everyday. . . . I feel sorry for him. That would be the only reason I go, because I don't love him and I think it is too late for us. So do you see that happening? . . . The family said that he might commit suicide.

7. They said you can't file for a divorce because only if my husband dies do you get a divorce That's what they call divorce in our country.

8. I had the religious belief that you are supposed to be with your husband.

9. He mostly abuses me when he is drunk. If he's not drunk, he's O.K., not that O.K., but even if he's not drunk, he still abuses me. He gets angry so fast. Even if he doesn't have a drink.

10. I was tired of being trapped, and there was nothing I can do. I can't get out. I have two little kids. I don't work. Two little ones. Where can I go? Who's going to take me. I didn't know about this place here.

11. (Q) What is the wife's role in the family? (A) Wife's role is to care about your kids, and your husband, and to keep your family together.

12. I never knew there was help for people like me. I always thought that, in my country, that's how people live. The man tells them (women) what to do and that's what they do. . . . Most of the women in Fiji get abused. You have to do whatever you are told.

Interview 6

1. For some reason, I got scared. I didn't want him to leave. It was like there goes my security.

2. I was forever trying to change. I figured I was the one with the problem. And the situation wasn't changing.

3. (Q) So do you blame him? (A) No, I don't blame him. I know quite a bit about his upbringing and I know it wasn't healthy. (Q) Do you blame yourself? (A) For a long time, I did. I thought I really was the sick one and needed the help.

4. He really is a good man. There's a really good side to him. I've seen it. I've experienced it. But that other side that he can't deal with. He tries so hard to hide it but it keeps coming out, and he doesn't understand why.

5. I started realizing that I'm not a bad person. (Q) You believed that at one time? (A) I did, I really did. I thought the reason this was happening was because of me and my past, and the type of person I was . . . So I deserved to be treated like that.

6. Do you believe he can change? (A) I believe he can change, yeah . . . But there's a part of me that says, "Don't be a fool."

7. (Q) So how do you believe that it is going to be different? (A) I think it's only because I want to believe it would be different.

8. (Q) Can there not be somebody else out there for you? (A) There will never be anyone else out there for me if I don't let go of him. If I continue to hold onto this belief, I'm never going to find anybody out there, cause I'll keep looking for the same type of man. (Q) What is it about that type of man? Why that type of man? (A) I guess I've got this image of myself . . . I know that I'm a very loving woman, and very considerate. I've got a lot of good qualities, and I figure that these men need these things.

9. (Q) What type of man? (A) They're exciting. (Q) What is it? (A) It's like they're the kind of man that hold secrets, that lived a rather dangerous lifestyle. (Q) There's something about the danger that is exciting? (A) It's because I lived that way so many years. (Q) In your home? (A) Yeah, for a long time. It's a feeling I'm very used to, very familiar with. I guess that's why I get sucked in so

easy, because I am so familiar with it that I don't even recognize it. There's no danger warning or anything. I put it on like your favorite jacket or something.

10. (Q) So, what's your feeling about men now? (A) I just really don't trust them. Cause even though they seem alright, in the end, they're not alright. (Q) Do you see them all the same, basically? (A) Yeah, if they haven't abused, they soon will.

Interview 7

1. (Q) What did you think the second time it happened? (A) I was shoving it into the back of my mind. I was not willing to accept this was happening. He had these two sides to him, and the one was such a good side and the other side was such a bad side, and I couldn't figure out how these two sides could co-exist in one person.

2. I was just denying the fear that I felt at the time. There were times that I didn't even want to go to sleep. I was scared that he was going to smother me or something, and I was denying it. I kept shoving it in the back of my mind, and denying it, but at times, the fear just overwhelmed me. I felt fearful.

3. I felt guilty thinking I would leave. (Q) Where did the guilt come from? Like guilt regarding what? (A) I guess I don't know if you would call it guilt. I just felt as if, maybe guilt, yeah. I didn't want to think I was harming the relationship.

4. (Q) Can you describe how your beliefs changed over the course of the relationship? (A) I was still pretty positive, even after the first choking incident. I was still fairly positive. I felt there was still hope and O.K., that was just a mistake and he'll never do it again. Even after the second one, I thought . . . I was denying this wasn't really happening to me. I wasn't really feeling all of this fear. It wasn't really as terrible as I thought it was. I still had hope . . . right until the last, till the knife episode. Then I realized this relationship is doomed. There is no hope.

5. I started believing there was something wrong with me. There was some real personality problem, or something. I've got to work on it. But the more I worked on it, it didn't do anything. It

didn't help the abuse. I worked on it. I tried to be what I thought he wanted me to be, yet it didn't do any good.

6. They want to control everything about you. They want to control the finances. They want to control where you go. They want to control your friends. There's this element of control. I didn't realize how strong it was until afterwards.

7. (Q) Who did you feel was to blame for the abuse when you were in the relationship? (A) I blamed myself a lot. (Q) For doing what? (A) For what he said. He said he did it, whatever physical abuse he did, because I would scream or yell or I would do things he didn't want me to do, and we were arguing. So that's why. I kept blaming myself and he repeated this over and over so I kept blaming myself. (Q) So even when he wasn't there, you would say the same things to yourself? (A) Yeah, I would say the same things to myself.

8. (Q) When was it that you started changing it so that there was responsibility on him? (A) It was only at the last incident, the last day. It finally hit me that this is wrong. What he's doing is wrong, and I don't know why it didn't hit me before that.

9. I guess I really value relationships. Though right now, I don't know. I did really value relationships. Right now, I'm at the point where I think all men are bad . . . I've always really wanted a good marriage, I guess. Marriage, to me, is important. It just is very important. I did really want a good relationship and I'm the type of person that really puts things into it. . . I would really try to do my best to save the relationship. I guess I have this tremendous sense of loss and guilt when I don't succeed at that.

10. I had very low self-esteem, and I'm still struggling against it. I think I struggle with that normally. I struggle with a low sense of self-esteem because of certain things that happened in my family when I was growing up, and this gave me an even lower self-esteem. I felt I was just scum. I was worthless, you know, because the more I tried, the more I couldn't please this man. (Q) So you saw this as a personal failure that you couldn't please him? (A) Yes, definitely.

11. What's your feeling about men now? (A) I guess I'm feeling very, very negative. I just don't believe there are any good men around.

12. I think if I didn't have the kids, I may have even stuck in there longer . . . If I had known he had abused the kids, earlier on I know I would have been gone. Just because it was just me. (Q) Just you? (A) I was able to tolerate it.

13. (Q) How did you think other people would respond when they found out about the abuse, like relatives? (A) I felt they wouldn't believe me. I felt they wouldn't believe the extent of what he was doing.

14. (Q) What about your own family? (A) I never said anything to them. (Q) Why? (A) I guess I was embarrassed, ashamed, thinking that I was guilty, that it was me that was provoking these attacks.

Interview 8

1. (Q) Did you feel it was going to stop at the time? (A) Well, when it first starts happening, you don't. I didn't know that I was abused until I read a certain book at the WIN House. You don't really see it as abuse. It was just normal fighting between two people.

2. (Q) How would you say your beliefs changed over the course of the relationship? (A) Well, when it happens over and over again, and you make up, and it goes good for a couple of weeks or a month, and it happens again and again, and pretty soon, you go, "Hey, there's some type of pattern happening here. It's never going to get better, you know." I started realizing that a good six months ago. (Q) At one time, you felt that it would get better. Then, later on . . . ? (A) About a year and a half it took me to realize it wasn't going to get better. I still stayed in the relationship for another seven months. (Q) Why do you think that happened? (A) I thought I could change him.

3. A lot of time you feel that maybe it's me, maybe there's something wrong with me.

4. Your feelings are so mixed up. You know you can't leave him because you'd feel guilty. He loves my son so much. He's done this and this and this. He bought me this and stuff. How can I?

You can't just leave the guy, so you end up staying until it gets to the point that you can't take the pressure.

5. All this lead to so much pressure that he went crazy and so did I.

6. With men, I seem to have the same pattern. I pick the same type of man all the time. That drink and party and do the drugs, fool around. (Q) Why do you think that is? (A) Probably because that's what I'm used to. That's what I've had around me all my life.

7. (Q) Do you think there are men out there that are different? (A) Yeah, I have a sister that has a very good marriage. I know that there are definitely different men out there, just that I don't know if I could handle them if I found them.

8. I was pretty scared of telling anyone because he is not like that with other people. They don't know that side of him. I was pretty scared of what they were going to think. That she's just making him look bad, or whatever. (Q) You felt they would believe it? (A) More or less, yeah. I thought some people would think I deserved it.

9. I've grown to where I don't trust a lot of people anymore because gossip gets started and they get blown out of proportion so I didn't want people talking about him either, or like feeling sorry for me.

10. How do you explain how you feel when somebody grabs your face and holds you and looks at you so evil-like? It's unreal. How do you feel? You feel sick to your stomach. You feel like a total useless person, like you're horrible or something.

11. I've never really had a steady good relationship in my life, so it might be if I did find one. I might find it a little hard to cope with at first. It would be a whole different situation. (Q) What would you have to cope with that would be different than you've had to cope with in the relationships you've been in. (A) Someone being nice and understanding all the time, and letting me have my freedom . . . I might feel not smart enough or not good enough.

Interview 9

1. He would punch me in the head. That was his main thing. (Q) What were your thoughts at that time? (A) How much I hated him and at the same time, how much I loved him.

2. If he could see the psychiatrist for a couple of years and work out his problems, he would be the perfect man. He would be the perfect gentleman any woman would want.

3. I used to blame me all the time--me and my mouth . . . If I would have shut up, he wouldn't have hit me.

4. (Q) Do you think the abuse has changed the way you view men generally? (A) You bet. I hate all men. I would never trust another man in my life. Never. (Q) So do you feel men are all the same? (A) They're all the same as far as i'm concerned. They love you and they will leave, or they like you and they'll beat you.

5. All my life, I've had abusive relationships, so I guess I'm attracted to abusive men.

6. He said, "Why don't you leave him?" I said, "I love him. I know he can change. I know if I try hard enough, he will change." (Q) If you try had enough to do what? (A) To be more kind to him.

7. (Q) So you always held that hope that he would change? (A) Yeah, always, always. Yes, that's why I went back all those times.

8. (Q) So each time you went back, did he plead with you to go back? (A) Yes, he pleaded with me, knee down on the ground. Please, please, crying. And I'd feel so sorry, I'd go back. (Q) You'd feel sorry for him? (A) Feel sorry for him, then I'd go back. (Q) Why did you feel sorry for him? (A) Because he told me he didn't have no family. I was his family. I was all he had, me and my little girl. So I wanted to give him back his family. That's why I went back. To give him back what means so much to him.

9. He told me so many times that I don't care if you put on a ton of makeup, your face still looks like a rear end of a dog. You're just nothing but a mutt . . . I'm still so insecure about myself that I feel that what he told me is true.

Interview 10

1. (Q) The rest of the time it was more subtle in terms of more psychological abuse? (A) Well, I've been really reconsidering that. I wonder like in a way, I don't really think it was. At the time, I thought it was abuse. He was just picking at me and nagging at me. But the fact of the matter is he was right. My house was a mess. I wasn't taking good enough care of my kids. It's the basic truth.

2. (Q) Did other people know about what was happening in your relationship, relatives and so forth . . . ? (A) Yeah. (Q) How did they respond to you being in that sort of relationship? (A) They condemned him and I just told them the way it was, like, hey, we fought, you know. I'm not helpless. You can't condemn him for this because I pushed him to. So don't try to blackball him because he's a total tyrant, because he's not.

3. (Q) Do you see him being able to change the way he looks at the violence? (A) Yes. (Q) Through counselling, . . . He's not receiving counselling or is he? (A) No, he's not. It's going to take an effort on both of our parts. Like I have to talk out my problems, because of all the shit that's happened in my life . . . Whatever happened in his life that he's go so much anger in him. Then he gets to deal with that, too, you know.

4. (Q) Why now would he be non-violent? (A) Because when he did things a certain way and tried to tell me to do things a certain way, I'd react a certain way, and it was like a chain reaction. I'd react, he'd react, and it would escalate, and it got violent. Where I think we have more of a chance now if we got together again is because I'm going to look at my reactions to what happens and what he says, and maybe when he says and does something, to not be so defensive about it , and not to hit back, like a verbal hit or whatever, not to keep the battle up.

Appendix E

Self-defeating Statements (Summary)

Interview 1

1. He will change.
2. Whatever he's like, kids need a father.
3. I'm not always sure what, but I feel I do something to cause the abuse.
4. I could not handle the embarrassment of going to a shelter and revealing the problem to others.
6. There must be something wrong with me. I can't do anything right.
7. This is not his problem. It's mine.
8. If I try hard enough to please him, the abuse will not occur.
9. I don't care what happens to me. My only concern is my children.
10. If I leave him, he will find a way to take the kids away from me.
11. I had no options in dealing with the abuse other than trying to please him.
12. I am totally to blame for the abuse.
13. I'll never meet another man if I leave this relationship.
14. I seem to attract the abusive type of man.
15. He said he loves me, so I'll do anything to keep the relationship going.

Interview 2

1. It was only one hit. It won't happen again.
2. He will change.
3. I'm not sure what, but I do something to cause him to abuse me.
4. My working outside the home is one of the major reasons he abuses me.
5. I should stay because I don't want to kids to grow up not knowing who their dad is.
6. If I can fulfill his every need, he will not abuse me.

7. I should stay in the relationship for my kids' sake.

8. Sex is a wife's duty, whether you want it or not.

Interview 3

1. I don't really understand this culture so I just have to go along with what he says.

2. I can't handle this abuse. My only option is to give up.

3. I believe I am to blame for much of the abuse.

4. I have no choice but to stay with him.

5. What he's doing isn't really abuse. It's a normal part of any relationship.

6. I don't know why I'm upset all the time. I should be able to hand this situation.

7. There's nothing I can do to stop the abuse.

8. It's my fault, because I let him abuse me and I didn't leave.

9. One day he will realize what he was doing to me and stop.

10. A good wife knows how to take care of her man.

11. It's my fault, because I let him abuse me.

12. I don't want anyone to know what is happening. They will feel sorry for me.

13. He will change.

14. He's really hurting this time when I left him. It won't happen again.

15. If you love a man, you have to work it out, whatever the problem.

16. I don't deserve anything better.

17. I'm going crazy.

Interview 4

1. I keep going back. I must be crazy.

2. If it's just me, I can put up with the abuse. If it is my children, that's different.

3. As long as I love him, I'll put up with the abuse.

4. I was to blame for the abuse because I kept going back to him.
5. I'd spent my life alone. At least I have him, if I were to leave.
6. If I leave him, I'll never meet anyone else.
7. If I meet someone else, they will be just like him.
8. Mothers should do everything for their husbands and kids.
9. Why look for another man? They're all the same anyway.
10. In a new relationship if it wasn't abusive, I would make it that way.
11. I give up. I just don't care what he does anymore.
12. I'm going back to him just to get beat up.
13. I have to take care of him, whatever he does.
14. I'd rather stay in this relationship, even though it's abusive, than be out on the street alone.

Interview 5

1. He told me it won't happen again so it won't happen again.
2. If I give my husband the children he wants, he will change.
3. If I do everything he says, the abuse will stop.
4. I don't do enough for him. I blame myself for the abuse.
5. Mothers should do everything they can for their husbands and children.
6. I couldn't leave my husband. He would be so unhappy.
7. Divorce is wrong. A husband and wife have to stay together.
8. You have to stick with your husband through anything, for better or worse.
9. He is not responsible for his abusive behavior when he drinks.
10. I have no alternatives to this relationship.
11. The mother's role is to keep the family together.
12. Some abuse is a normal part of any relationship.

Interview 6

1. This relationship is the only security I have. I need to hold onto it.
2. If I could only change, the relationship could work.
3. I am the sick one in this relationship and I need help.
4. He might be abusive, but underneath, he really is a good man.
5. I deserve to be treated like this.
6. He will change.
7. It's not that I believe the relationship will be different but that I want to believe that it will be different.
8. There will never be another man out there for me. I keep looking for the same kind of man.
9. There's something about these kinds of males that is exciting.
10. All men are the same. If they haven't abused, they soon will.

Interview 7

1. This can't be happening to me.
2. This can't be happening to me.
3. I don't want to harm the relationship by leaving.
4. The abuse is just a mistake. It won't happen again.
5. There's something wrong with me. I must have a real personality problem.
6. He's not trying to control me. He's just showing his concern for me.
7. If I hadn't screamed or yelled, he wouldn't have abused me.
8. He's not responsible for the abuse.
9. There must be something wrong with me if I can't maintain this relationship.
10. I am worthless. The more I try to please this man, the less I am able to.
11. There just aren't any good men out there.
12. I can tolerate the abuse as long as it just affects me.

13. No one will believe me if I tell them about the abuse.

14. I can't tell anyone. They will blame me for provoking the abuse.

Interview 8

1. This isn't abuse. This is just normal fighting between two people.

2. I can change him.

3. There's something wrong with me.

4. How can I even think of leaving him? I'd feel so guilty.

5. He's crazy and so am I.

6. I somehow pick these same kind of men.

7. I couldn't handle a good man if I found one.

8. Other people won't believe me if I tell them about the abuse. Other people will feel I deserve the abuse.

9. I don't want people feeling sorry for me if they find out about the abuse.

10. I must be a totally useless person to be treated like this.

11. A normal healthy relationship would be difficult to handle. I'm not used to that.

Interview 9

1. If you love someone, you put up with their behavior whatever it is.

2. Hiding underneath this abusive exterior is the perfect man.

3. If I could just shut up, he wouldn't hit me.

4. All men are the same.

5. I've been in other abusive relationships and feel I must be attracted to the abusive type of male.

6. If I try hard enough, he will change.

7. He will change.

8. I don't want to deprive him of this family. That means so much to him.

9. I must be as bad as he says. He knows me so well.

Interview 10

1. What he complains about is true, so I probably deserve the abuse.
2. I can fight back. I'm not helpless.
3. I've got my problems. I can't blame him for this.
4. I can stop the abuse if I just watch what I say.

Appendix F

Beliefs Study

A study is being carried out through the University of Alberta which will attempt to get a better understanding of the beliefs of women who have been involved in an abusive relationship. It is hoped that you would be willing to take the time to participate in this study.

Your participation would involve filling out the following questionnaire as openly and honestly as you can. Your identity in this study as well as all information regarding your particular responses will be kept completely confidential. This information is hoped to enhance programs designed to aid women in your situation, so your participation would be greatly appreciated. Note, however, that your involvement in this study should be considered strictly **voluntary**.

If you are interested in participating in the study, fill out the attached questionnaire (all three parts), enclose it in the return envelope provided and drop it in a mail box. No postage is required.

If you have any questions concerning the study or questionnaire please feel free to contact me at 492-3696 (daytime).

Dr. Peter Calder

Professor

Department of Educational Psychology

University of Alberta

PART 1

1. What is your age? _____

2. Please indicate your marital status. (circle one)

   1. Single
   2. Married
   3. Separated
   4. Divorced
   5. Common-law

3. What is your present work status? (circle one)

   1. Working full-time inside the home.
   2. Working full-time outside the home.
   3. Working part-time outside the home.

4. How many years of formal education do you have?_____

5. How many children do you have? _____

6. Were you physically abused as a child? (circle one)

   1. Yes
   2. No

7. How long have you or had you been in your recent abusive relationship? _____

8. How long has the abuse within this relationship been going on? _____

9. Is your abusive husband/partner currently employed? (circle one)

   1. Yes
   2. No

10. How often did you leave (for at least 2 nights) your most recent abusive partner because of the abuse?

    1. Never
    2. One time
    3. Two times
    4. Three times
    5. More than three times
       Please specify the number _____

11. How long have you been away from your most recent abusive partner? _____

12. Have you been in any other abusive relationships with a male partner? (circle one)

    1. Never
    2. One other
    3. Two others
    4. Three others
    5. More than three others
       Please specify the number _____

13. How many times have you suffered the following types of abuse from a male partner?

	(In the past month)	(In the past year)	(Over your lifetime)
a) Physical	_____	_____	_____
b) Mental	_____	_____	_____
c) Sexual	_____	_____	_____

14. How many times have you visited a hospital or physician because of the abuse you have received? _____

15. How many times should you have visited a hospital or physician because of the abuse? _____

16. If you are presently at a women's shelter, how long have you been there? _____

17. How often have you been a resident of a women's shelter as a result of abuse? _____

PART 2

Directions:

The following survey consists of a series of statements which represent a thought or belief about the abusive situation(s) you have experienced. In this survey, you are asked to do two things:

(1) Please rate each of the following statements (by circling yes or no) as to whether you have **ever** had this thought or held this belief, even if it has since changed.

(2) Please rate each of the following statements (by circling the appropriate number) as to how much you **presently** agree or disagree with the statement.

1 indicates a strong disagreement with the statement
2 indicates that you disagree with the statement
3 indicates that you neither agree nor disagree
4 indicates that you agree with the statement
5 indicates a strong agreement with the statement

	Ever		Presently				
1. It was only one hit. It won't happen again.	Yes	No	1	2	3	4	5
2. Whatever he's like, children need a father.	Yes	No	1	2	3	4	5
3. I'm not always sure what, but I feel I do something to cause the abuse.	Yes	No	1	2	3	4	5
4. I could not handle the embarrassment of going to a women's shelter for the abuse.	Yes	No	1	2	3	4	5
5. Abusive males stop abusing their partners over time.	Yes	No	1	2	3	4	5
6. If I try hard enough to please him, the abuse will not occur.	Yes	No	1	2	3	4	5
7. If I leave him, he will find a way to take my children away from me.	Yes	No	1	2	3	4	5
8. I have no choice but to stay with him.	Yes	No	1	2	3	4	5
9. What he does isn't really abuse.	Yes	No	1	2	3	4	5
10. The needs of battered women should be second to the needs of their families.	Yes	No	1	2	3	4	5
11. I can't do anything right.	Yes	No	1	2	3	4	5

12. He said he loved me, so I'll do anything to keep the relationship going.	Yes	No	1	2	3	4	5
13. The mother's role in the home is to keep the family together.	Yes	No	1	2	3	4	5
14. He might be abusive, but underneath he is a really good man.	Yes	No	1	2	3	4	5
15. Battered women somehow cause the abuse to happen to them.	Yes	No	1	2	3	4	5
16. It's not that I really believe the relationship will change (i.e., be non-abusive), but that I want to believe that it will be different.	Yes	No	1	2	3	4	5
17. I seem to attract the abusive type of man.	Yes	No	1	2	3	4	5
18. One day he will realize what he is doing to me and will stop.	Yes	No	1	2	3	4	5
19. I don't care what happens to me. My only concern is my children.	Yes	No	1	2	3	4	5
20. Battered women should be afraid of other people finding out about the abuse.	Yes	No	1	2	3	4	5
21. It's my fault because I let him abuse me and I didn't leave.	Yes	No	1	2	3	4	5
22. I don't want anyone to know what is happening. They will feel sorry for me.	Yes	No	1	2	3	4	5
23. If I can fulfill his every need, he will not abuse me.	Yes	No	1	2	3	4	5
24. I'll never meet another man if I leave this relationship.	Yes	No	1	2	3	4	5
25. Women can stop their partners abusive behavior pattern.	Yes	No	1	2	3	4	5
26. Why look for another man? They're all the same anyway.	Yes	No	1	2	3	4	5
27. Some physical abuse is a normal part of any relationship.	Yes	No	1	2	3	4	5
28. I don't know why I'm upset all the time. I should be able to handle this situation.	Yes	No	1	2	3	4	5
29. You have to stick with your husband (partner) through anything, for better or worse.	Yes	No	1	2	3	4	5

30. Leaving an abusive relationship would have negative consequences which the abused woman could not handle.	Yes	No	1	2	3	4	5
31. The mother makes or breaks the home. She is the emotional backbone of the family.	Yes	No	1	2	3	4	5
32. There's something about this kind of male that is exciting.	Yes	No	1	2	3	4	5
33. This (the abuse) can't be happening to me.	Yes	No	1	2	3	4	5
34. I don't deserve anything better.	Yes	No	1	2	3	4	5
35. Battered women have no real options to the abusive relationship.	Yes	No	1	2	3	4	5
36. The abuse won't happen again. He was really hurting when I left him.	Yes	No	1	2	3	4	5
37. Sex is a wife's duty, whether you want it or not.	Yes	No	1	2	3	4	5
38. If I entered a new relationship and it wasn't abusive, I would somehow make it that way.	Yes	No	1	2	3	4	5
39. No one will believe me if I tell them about the abuse.	Yes	No	1	2	3	4	5
40. Some abusive behavior in a relationship is normal and/or acceptable.	Yes	No	1	2	3	4	5
41. I can fight back against my abusive partner. I'm not helpless.	Yes	No	1	2	3	4	5
42. I can't survive without him.	Yes	No	1	2	3	4	5
43. There's nothing I can do to stop the abuse.	Yes	No	1	2	3	4	5
44. At times, violence is an acceptable means of venting one's anger.	Yes	No	1	2	3	4	5
45. Battered women possess a personality problem of some kind.	Yes	No	1	2	3	4	5
46. I keep going back. I must be crazy.	Yes	No	1	2	3	4	5
47. Any relationship is better than no relationship.	Yes	No	1	2	3	4	5
48. If something goes wrong in the family, the mother is at fault and should take responsibility.	Yes	No	1	2	3	4	5
49. Except when he is drinking, he is the perfect man.	Yes	No	1	2	3	4	5

50. For women, love and/or the marital bond should be more important than anything, including the abuse.	Yes	No	1	2	3	4	5
51. I shouldn't be afraid of him. He wouldn't really hurt me.	Yes	No	1	2	3	4	5
52. What he complains about is usually true, so I probably deserve the abuse.	Yes	No	1	2	3	4	5
53. The abuse is just a mistake. It won't happen again.	Yes	No	1	2	3	4	5
54. I would feel extremely guilty and responsible for what happens to my husband (partner) if I ended the relationship.	Yes	No	1	2	3	4	5
55. Battered women should take complete responsibility for keeping the family together and healthy.	Yes	No	1	2	3	4	5
56. I've got my problems. I can't really blame him for the abuse.	Yes	No	1	2	3	4	5
57. I can't tell anyone. They will blame me for provoking the abuse.	Yes	No	1	2	3	4	5
58. I have the power to solve my husband's (partner's) problems, including the abuse.	Yes	No	1	2	3	4	5
59. This relationship is the only security I have. I need to hold onto it.	Yes	No	1	2	3	4	5
60. Abusive males have certain qualities which make up for the abuse.	Yes	No	1	2	3	4	5
61. There is no other man in the world for me. He is the only man I could love.	Yes	No	1	2	3	4	5
62. Being a woman in our culture means you can expect some abuse.	Yes	No	1	2	3	4	5
63.There must be something wrong with me if I can't maintain this relationship.	Yes	No	1	2	3	4	5
64. Only trashy people get divorced.	Yes	No	1	2	3	4	5
65. The abuse isn't as bad as many battered women make out.	Yes	No	1	2	3	4	5
66. Mothers should have all the answers.	Yes	No	1	2	3	4	5
67. He used to be so different. I know that side of him will return some day.	Yes	No	1	2	3	4	5

68. This situation isn't really as bad as I think. I'm just over-reacting.	Yes	No	1	2	3	4	5
69. I don't really understand his culture so I guess I do things that cause him to abuse me.	Yes	No	1	2	3	4	5
70. Women who have been abused deserve the abuse to some extent.	Yes	No	1	2	3	4	5

Pages 186 and 187 have been deleted because of the unavailability of copyright permission.

These pages contained the Culture-Free Self-Esteem Inventory (Battle, 1981).

Appendix G

May 3, 1989

To: Shelter Director

Re: Beliefs Study

We are conducting a research project which seeks to obtain information about the belief system of battered women. This letter is written to invite your involvement in the third and final part of this study, which involves conducting a survey which assesses the self-defeating beliefs of battered women. Evidence suggests that identifying and then challenging these self-defeating beliefs may be one of the most crucial aspects of any program designed to enhance the well-being of battered women. To date no similar assessment instrument has been developed.

Part one and two of this research project have already been carried out through the two WIN Houses in Edmonton and A Safe Place in Sherwood Park. It is hoped that for the final validation of this survey, the responses of a large sample of women from various localities across the province can be obtained.

If you are willing to have the women in your shelter involved in this study you need only solicit volunteers and give each of them a copy of the enclosed questionnaire and return envelope. No postage is required to mail back the completed questionnaires.

The Social Sciences Research Council of Canada has funded this research and it is hoped that you likewise will appreciate its potential value and will in turn encourage the participation of women in your shelter.

If you have any further questions or concerns about any aspect of the research please feel free to contact us (Dr. Calder at 492-3696; Mr. Maertz at 962-6849).

Kim Maertz, M.Ed.

Dr. Peter Calder , Professor